University of Alberta

Viktór E. Frankl's Meaning-oriented Approach to Counselling Psychology

by

Maria Ungar ©

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of Doctor of Philosophy

in

Counselling Psychology

Department of Educational Psychology

Edmonton, Alberta

Spring, 1999

National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-39601-0

Canada

University of Alberta

Library Release Form

Name of the Author: Maria Ungar

Title of Thesis: Viktor E. Frankl's Meaning-oriented Approach to Counselling Psychology

Degree: Doctor of Philosophy

Year this Degree Granted: 1999

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly, or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.

Maria Ungar

15489 - 109 A Ave., Surrey,
British Columbia, V3R 0X6

November 24th, 1998

University of Alberta

Faculty of Graduate Studies and Research

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Viktor E. Frankl's Meaning-oriented Approach to Counselling Psychology submitted by Maria Ungar in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Counselling Psychology.

W J Hague
Dr. W. J. Hague

Dr. L. L. Stewin

Dr. R. Sobsey

Dr. H. W. Zingle

Dr. E. Callan

Dr. J. Buijs

Dr. W. Borgen

November 20, 1998

This dissertation is dedicated to my parents, and to my six brothers and sisters.

Abstract:

In the process of this qualitative hermeneutic investigation, the researcher reviewed, distilled, and analyzed those writings of Viktor E. Frankl that have appeared in the English and German languages. The latter constitute the necessary reading material in the training program of the South German Institute of Logotherapy. Secondary sources of literature were limited to books and articles written by members of the Viktor Frankl Institute of Logotherapy, and/or published by the Viktor Frankl Institute.

Part One of the dissertation presents a brief overview of Viktor Frankl's life, along with the philosophical and anthropological foundations and core concepts of logotherapy. Part Two describes the key components of logotherapeutic counselling, including considerations for relevant diagnostic and therapeutic issues. Case examples illustrate the use of the logotherapeutic approach in psychological practice.

The present study suggests that logotherapy is specifically applicable in cases of existential frustration, inner emptiness, and the treatment of those types of neuroses that are not rooted in psychological complexes and traumas of the past, but arise from current conflicts of values or conscience. Furthermore, logotherapy can supplement those approaches to therapy which aim at strengthening our inner resources to face physical or psychological challenges with courage.

Further research is needed to validate some concepts of logotherapy, and to devise meaning-oriented treatment plans that could be implemented along with currently existing treatment modalities in counselling practice.

Acknowledgments:

I am grateful to my esteemed teacher and supervisor, Dr. William J. Hague, Professor Emeritus of the Department of Educational Psychology at the University of Alberta for his support and encouragement throughout the writing of this dissertation. Dr. Hague's superb lectures on "Evolving Spirituality" have contributed to my inspiration to write this dissertation. He has also, chapter-by-chapter, reviewed the first drafts of this manuscript and provided helpful editorial comments.

Special thanks to the members of my examining committee, Dr. Len L. Stewin, Professor and Chair of the Department of Educational Psychology at the University of Alberta, Dr. Richard J. Sobsey, Professor at the Department of Educational Psychology at the University of Alberta, Dr. Joseph Buijs, Associate Professor at St. Joseph's College at the University of Alberta, Dr. Eamonn Callan, Professor at the Department of Educational Policy Studies at the University of Alberta, and Dr. Harvey Zingle, Professor Emeritus, and Former Dean of the Faculty of Education at the University of Alberta, for critically examining the proposal as well as the final copy of the dissertation. I appreciate their thoughtful questions and suggestions that have helped me to organize this dissertation.

I am thankful to my external examiner, Dr. William Borgen, Chairman and Professor of the Department of Counselling Psychology at the University of British Columbia, for reviewing the final copy of the manuscript.

I could not have written this dissertation without the support of my mentors in logotherapy: Dr. Elisabeth Lukas, Founder and Director of the South German Institute of Logotherapy in Furstenfeldbruck, Germany, Dr. Robert C. Barnes, President of the Board of Directors of the Viktor Frankl Institute, Professor and Chair of the Department of Counseling and Human Development at Hardin-Simmons University, and Dr. Dorothy Barnes, Professor of the Department of Counseling and Human Development at Hardin-Simmons University in Abilene, Texas. I am thankful for their continual kindness throughout the years that I have been blessed with the opportunity to study, and to keep in touch with them.

Table of Contents:

INTRODUCTION 1
  The Rationale of this Study 1
  Research Method 2
  Reflections on the Research Process 5
  The Caveats of this Study 10

PART ONE: LOGOTHEORY 13
CHAPTER 1: VIKTOR FRANKL'S LIFE 13
  Introduction 13
  I. A Brief Summary of Viktor E. Frankl's Life 15
  II. Frankl's Memoirs 16
  III. Analysis of Frankl's Life Memoirs 25
    A. What are those Life Experiences that have Influenced the Development of Viktor Frankl's Logotherapy? 25
    B. How did Frankl's Understanding of Himself Develop over Time? 27
    C. What stand did Frankl take toward Changing Events in his Life? 30
  Reflections 30

CHAPTER 2: THE PHILOSOPHICAL FOUNDATIONS OF LOGOTHERAPY 32
  Introduction 32
  I. Critical Questions in Philosophy 32
    A. Frankl's Response to the Philosophical Questions of his Time 35
      1. Whether and How to Address those Human Characteristics which do not Belong to the Domain of the Body? 35
      2. Whether there is an Absolute Reality which Exists Independently of Us, the Observers, or, are our Subjective Perceptions our Sole Realities? 36
    B. Frankl's Dimensional Ontology 37
      1. First Thesis of Frankl's Dimensional Ontology 38
      2. Second Thesis of Frankl's Dimensional Ontology 39
  II. Dimensional Ontology in Logotheory 40
    A. The Body-Mind Problem 40
    B. The Subject-Object Dichotomy 41
  III. Logotheory as a Philosophical Perspective 42
  Reflections 45

CHAPTER 3: THE ANTHROPOLOGICAL FOUNDATIONS OF LOGOTHERAPY 47
  Introduction 47
  I. The Dimension of the Human Spirit as the Third Dimension of Human Existence 47
  II. Frankl's Ten Theses on the Person 50
  Reflections 56

- CHAPTER 4: THE BASIC CONCEPTS OF LOGOTHEORY 57
  - Introduction 57
  - I. We are Spiritual Beings 57
    - A. The Quality of the Human Spirit 57
    - B. The Contents of the Human Spirit 59
    - C. Unconscious Spirituality 60
    - D. The Function of Unconscious Spirituality 62
    - E. Spirit and Meaning 62
  - II. We are Free 66
    - A. Freedom and Fate 66
    - B. Personality Development 67
  - III. We are Responsible 71
    - A. Meaning-orientation 71
    - B. Freedom and Responsibility 72
    - C. Unconscious Spirituality and Responsibility 73
    - D. Ability to Respond 74
    - E. Basic Trust in Being 75
  - Reflections 76

- CHAPTER 5: THE LOGOTHERAPEUTIC CREDO 83
  - Introduction 83
  - Six Basic Assumptions in Logotherapy 83
  - Reflection 87

- PART TWO: LOGOTHERAPY 89
- CHAPTER 6: MEANING AS AN EXISTENTIAL DECISION 89
  - Introduction 89
  - I. Illustration of the Pursuit of Meaning with a Metaphor 89
  - II. Logotherapy's Principles that Apply to the Search for Meaning 91
    - A. We have to Evaluate our Existential Answer to Life 91
    - B. There are Three Levels of Meanings 93
    - C. Meanings are Trans-subjective 94
    - D. Meanings have to be Discovered with the Help of our Conscience 97
    - E. The Pursuit of Meaning is the Task of a Lifetime 99
  - III. The Dynamics of Meaning-seeking 103
    - A. Noo-dynamics 103
    - B. Existential Dynamics 104
  - IV. Existential Distress 107
    - A. Existential Frustration 107
    - B. Existential Vacuum 108
    - C. Noogenic Neurosis 109
  - V. Combating Existential Distress 110
    - A. We can Receive Guidance from Values in the Search for Meaning 110
      - 1. Universal Values can Represent Guideposts in the Search for Meaning 110
      - 2. Values Represent Opportunities for Value-conflicts 111

3. Value-conflicts are Not a Disease 113
4. Value-conflicts can be Resolved 115
B. Specific Logotherapeutic Guidelines in the Search for Meaning 117
1. Meanings can be Found in Five Areas of Life 117
2. Three Value-categories can Guide the Search for Personal Meanings 118
C. The General Process of Logotherapy with Individuals who Experience Existential Distress 121
1. Evaluating Life in Terms of "Gifts" Received 121
2. Pinpointing Hardships as Opportunities to Respond to an Inner Call 122
3. Highlighting Clients' Ability to Respond to their Inner Call 122
4. Supporting Decision Making and Commitment to Action 123
VI. Reflection on the Process of Logotherapeutic Counselling 123
A. The Concept of Pacemakers and Peacemakers 123
B. An Illustration of the Confrontation with Meanings as an Existential Decision 125
Reflection 126

CHAPTER 7: LOGOTHERAPY'S RESPONSE TO THE "TRAGIC TRIAD" OF HUMAN EXISTENCE 128
Introduction 128
I. Logotherapeutic Approach to Suffering 128
A. Theoretical Considerations 128
1. The Reason of Human Suffering 129
2. The Nature of Human Suffering 130
3. Our Attitudinal Response to Suffering 131
4. The Value-triad and Suffering 131
5. Values and Existential Dynamics in Unavoidable Suffering 133
6. The Concept of Tragic Optimism 136
7. The Universality of Unavoidable Suffering 137
B. Logotherapy's Response to Human Suffering 137
1. Suffering which is Associated with Unalterable Circumstances 137
2. Suffering which Results as an Emotionally Painful Experience 139
3. Suffering which Arises out of the Perception of One's Life as Meaningless 142
II. Logotherapeutic Approach to Guilt 146
A. Theoretical Considerations 146
1. Actual Guilt 148
2. Neurotic Guilt 148
3. Existential Guilt 149

4. Justified and Unjustified Guilt 150
B. Meaning-oriented Response to Guilt 150
1. Unjustified Feelings of Guilt 150
2. Justified Guilt 154
3. Responding to the Guilt of Others 157
III. Logotherapy's Response to Death 158
A. Theoretical Considerations 158
1. The Logotherapeutic View of Death 158
B. Practical Applications 159
1. Finding Meaning in Sickness 159
2. Finding Meaning in Old Age 161
3. Dying and Bereavement 162
Reflections 163

CHAPTER 8: THE PRINCIPLES OF MEANING-ORIENTED THERAPY 164
Introduction 164
I. The Diagnostic Phase of Treatment 165
A. Diagnostic Concepts in Logotherapy 165
1. Frankl's Notion of Medical and Psychological Pathodizee 165
2. Etiology and Symptomatology 165
3. Causation and Manifestation 166
4. Noo-psycho-somatic Connections 167
5. Interface With Current Diagnostic Guidelines 170
B. Guidelines for the Diagnostic Process in Meaning-oriented Therapy 170
1. Preventing Iatrogenic Neurosis 170
2. Counteracting Hyper-reflection 172
C. Specific Diagnostic Categories--Frankl's Theory of Neuroses 175
1. Classification of Neuroses According to their Etiology 176
2. Classification of Neuroses According to Symptomatology 177
a. Collective Neuroses 177
i.) Fatalism 177
ii.) Fanaticism 177
iii.) Provisory Attitude 177
iv.) Collectivistic Thinking 178
b. Individual Neurotic Patterns 178
i.) Excessive Avoidance 178
ii.) Excessive Fighting Against Something 180
iii.) Hyper-intention 181
iv.) Hyper-reflection 182
3. Other Types of Neuroses 184
a. Sunday's Neurosis 184
b. Unemployment Neurosis 184
D. The Prevalence of Neuroses 185
E. Diagnostic Implications for Treatment 185
1. Collective Neuroses 185

2. Individual Neuroses 186
II. The Therapeutic Phase of Meaning-oriented Counselling 187
A. The Goals of Treatment 187
1. De-reflection 187
2. Modification of Attitudes 188
3. Symptom Reduction 188
4. Orientation toward Meaning 188
B. Logotherapeutic Techniques 189
1. Logotherapeutic Techniques in the Non-specific Treatment of Neuroses 189
a. Paradoxical Intention 189
b. De-reflection 197
2. Logotherapeutic Technique in the Specific Treatment of Noogenic Neurosis 203
a. Modification of Attitudes 203
3. Other Logotherapeutic Methods 209
a. The Socratic Dialogue 209
b. The Logoanchor Technique 218
c. The Appealing Technique 219
d. The Method of Common Denominators 220
e. Frankl's Mountain-range Exercise 221
II. The Follow-up Phase of Therapy 222

CHAPTER 9: LOGOTHERAPY AND OTHER TREATMENT MODALITIES 224
Introduction 224
I. The Characteristics of Logotherapeutic Counselling 224
A. The Person of the Therapist 224
1. Establishing the Initial Rapport 224
2. Establishing the Therapeutic Relationship 226
a. The Strategic Approach 226
b. The Open-system Approach 227
B. The Concept of Existential Counter-transference 228
C. The Principles of the Therapist-Client Relationship in Logotherapy 230
1. Commitment to Authentic Communication 230
2. The Counsellor's Human Role 231
3. Ultimate Concerns of Counsellors and Clients 231
II. Responding to Clients' Needs 232
A. "The Logotherapist must be Pessimist and Optimist" 232
B. "The Therapist must Explore Causes and Ignore Causes" 238
C. Therapists must have Their own Value Systems and Recognize the Value System of their Clients 243
III. The Place of Logotherapy Among Other Approaches to Counselling Psychology 243
IV. Indications And Limitations of the Use of Logotherapy in Counselling Psychology 245
Concluding Remarks 246

CHAPTER 10: MY EXPERIENCES OF USING LOGOTHERAPY–PHASES AND TREATMENT MODALITIES IN MEANING-ORIENTED COUPLE COUNSELLING 248
    Introduction 248
    I. Logophilosophical Foundations of Counselling Couples for Meaning 248
        A. Exploring Experiential Values 248
        B. The Concept of Love in Meaning-oriented Therapy 251
    II. Logotherapeutic Principles in Couple Counselling 253
        A. The Initial Phase 254
        B. The Working Phase 257
            1. Indirect Intervention 257
                a. Reflection on the Pattern 257
                b. Developing Effective Listening Skills 259
                c. Intercepting Automatic Response-styles 260
            2. Direct Interventions 261
                a. Meaning-oriented Question Scheme 261
        C. The Ending Phase 271
    Concluding Remark 272

CHAPTER 11: RESEARCH IN LOGOTHERAPY 273
    Introduction 273
    I. Historical Developments in Research in Logotherapy 274
        A. Early Studies on The Effectiveness of Therapeutic Techniques 275
        B. The Development of Psychometric Instruments 276
            1. The Purpose In Life Test 277
            2. The Seeking of Noetic Goals Test 282
            3. The Life Purpose Questionnaire 283
            4. The Minnesota Multiphasic Personality Inventory–Existential Vacuum Scale 285
            5. The Logo Test 287
            6. The Meaning In Suffering Test 290
        C. *Recent Developments in Research on Logotherapy* 292
    II. Future Research Needs in Logotherapy 294
    Conclusion 295

FOOTNOTES 297

REFERENCES 307

List of Tables:

Table 10-1. Summary of the Meaning-oriented Question Scheme, by Lukas (1996)..................170

/

List of Figures:

Figure 1. Illustration of the Hermeneutic Circle in the Present Study 9

Figure 2. Illustration of the First Thesis of Frankl's Dimensional Ontology 38

Figure 3. Illustration of the Second Thesis of Frankl's Dimensional Ontology 39

Figure 4. Illustration of Responding to Environmental Input 44

Figure 5. Illustration of the Three Dimensions of Human Existence 49

Figure 6. Illustration of the Noetic and Psychic Dimensions in Clinical Practice and Research 50

Figure 7. Illustration of the Noetic and Psychic Unconscious 60

Figure 8. Illustration of Logotherapy's contribution to Psychological Theories of Personality 66

Figure 9. Illustration of the Development of Action-patterns 68

Figure 10. Illustration of Choosing New Possibilities 69

Figure 11. Illustration of Breaking a Causal Chain of Usual Responses 69

Figure 12. Illustration of Meaning-, as Opposed to Pleasure-orientation 71

Figure 13. Illustration of the Domains of Freedom and Fate 73

Figure 14. Illustration of the Components of the Psychological and Noetic Dimensions 77

Figure 15. Illustration of the Difference Between the Aims and Result of Religion and Psychotherapy 80

Figure 16. Illustration of Meaning-orientation 91

Figure 17. Illustration of the Three Levels of Meaning 94

Figure18. Illustration of Personal Meaning Potentials 96

Figure 19. Illustration of the Functioning of Conscience as a Meaning-organ 98

Figure 20. Illustration of Meaning Potentials in Young Age 99

Figure 21. Illustration of Meaning Potentials in Old Age 100

Figure 22. Illustration of Meaning Potentials Throughout the Lifespan 101

Figure 23. Schematic Illustration of Existential Dynamics....105

Figure 24. Illustration of Unique Meanings....115

Figure 25. Illustration of Value Conflicts....116

Figure 26. Illustration of the Metaphor of Life as a Roll of Camera Film....125

Figure 27. Illustration of Meaning as an Existential Decision....134

Figure 28. Illustration of Finding Meaning in Suffering....146

Figure 29. Illustration of Shift in Capacities throughout the Lifespan....162

Figure 30. Illustration of Somatic and Psychic Etiology and Symptomatology....166

Figure 31. Illustration of the Role of Noetic Factors in Etiology and Symptomatology....167

Figure 32. Illustration of the Therapy Process....173

Figure 33. Illustration of the Effects of the Alternate Diagnostic Process....175

Figure 34. Illustration of the Possible Sources of Neuroses....176

Figure 35. Illustration of the Development of the Phobic Pattern....179

Figure 36. Illustration of the Development of the Obsessive-compulsive Pattern....181

Figure 37. Illustration of the Development of the Hyper-intending Pattern....181

Figure 38. Illustration of the Hyper-reflecting Pattern....182

Figure 39. Illustration of Hyper-intention, Coupled with Hyper-reflection....183

INTRODUCTION

The Rationale of this Study

Every theory of personality conveys a particular view of the world, a perspective on the nature of our existence, and our being in the world. Viktor Frankl's meaning-oriented therapy (logotherapy) has a special place among theories of personality in that it emphasizes that the search for meaning is the main motivator of human life. It rests on the belief that our existence has a purpose; it is not randomly chaotic. *Logos* (meaning) is inherent in every life situation.

Logotheory conceptualizes the human being as a three dimensional (body, mind, spirit) entity, positing that through the dimension of the spirit, we can infer unique meanings, and we can be free, even if the conditions of our environment or our circumstances imply otherwise. Logotheory is not just a complex philosophical system, although its complexity has been noted by many authors (Lukas, 1986; Fabry, 1994). It is a theory that offers avenues to approach physical, emotional, and spiritual concerns from a perspective that is holistic, respecting the uniqueness and dignity of each individual (Barnes, 1995).

Eight of Frankl's twenty three books written in the German language (i.e., *Man's Search for Meaning* [originally published under the title *From Death Camp to Existentialism*]; *The Doctor and The Soul; The Will to Meaning*; *The Unheard Cry for Meaning*; *Psychotherapy and Existentialism*; *The Unconscious God*; *Recollections: An Autobiography*; and *Man's Search for Ultimate Meaning*) are available in English to readers in North America (Fabry, 1994). While these books outline some of the tenets of logotherapy, and its applications in psychotherapy, the rest of Frankl's valuable writings on logotherapy are still unavailable to the English-speaking world (Fabry, 1994).

Notably scarce in the English-language literature is a comprehensive summary of Viktor Frankl's theory that would be relevant to the practice of counselling psychologists. Pertinent to our North-American context is that only a few counsellors have training in Viktor Frankl's logotherapy (McKillop, personal communication, August 20, 1997; Lukas, personal communication, 1997). Little is therefore known about the applications of Viktor Frankl's logotherapy in contemporary counselling practice (Estes, 1997).

By employing a qualitative approach known as *hermeneutic inquiry*, this research aims at studying the applications of Viktor Frankl's logotherapy in counselling psychology. The general research question that I have selected to guide this study is: *"What is the contribution of Viktor Frankl's meaning-oriented approach to counselling psychology?"*

Research Method

> In every piece of writing we are figuring out something for ourselves. We draw on all of our experiences and "data" available to us to "make sense" of something. This is the process of reflection which is entailed in the discipline of "thinking and research," which is what hermeneutics is about (Ellis, 1997).

Philosophical hermeneutics, as elaborated by Gadamer in *Truth and Method* (1989), emphasizes that all of us make inferences on the basis of our observations and unique perspective of the world. Our interpretation of the world around us forms our realities. At times, our exploring of the world may become very self conscious about our efforts to develop an understanding beyond what it was, and to come to be able to see, read, or interpret differently.

Smith (1993) described the process of interpretation in hermeneutic inquiry the following way:

> What one can see at any given time is limited by one's vantage point. In hermeneutics this is called one's horizon and it means one's prejudices. Our horizons, our prejudices are constantly changing because of our contact with the horizons of others. Thus the traditions which limit and influence us are always in motion. Rather, a fusion of horizons takes the form of broadening one's horizon through a dialogical encounter of questions and answers (Smith, 1993; p. 137).

Hermeneutics underscores the use of language in understanding and interpretation. Smith (1993) clarifies that language is not a tool but the very basis of understanding itself. A fusion of horizons takes place through the medium of language. Since language and understanding are linked, there can be no final or fixed understanding of ourselves or others, just as there can be no final or fixed language to express understanding. Consequently, understanding is always temporal, since as our horizons change and our language changes, so will the interpretations we are able to make.

Good interpretation in hermeneutic research involves examining data in the context of broader information and available knowledge. This entails playing back and forth between the specific research question and the general theoretical framework within which that question is examined. The expression and the web of meanings within which that expression is lodged is termed as the "'hermeneutic circle'" at work in all human understanding" (Smith, 1991; p. 190).

The systematic inquiry within the hermeneutic circle can be likened to a spiraling journey of understanding. This process includes (1) the researcher formulating the research interest on the basis of his or her pre-understandings of a pragmatic issue at hand; (2) the interpretation of the collected data in the light of the researcher's forestructure by simultaneously incorporating new information into this original frame of reference; and (3) generating questions for further inquiry, guided by the researcher's genuine concern for the phenomenon. The inductive, and deductive process in hermeneutic research is continued until saturation is reached, and the researcher has attained a level of understanding that was not available before (Ellis, 1997).

While acknowledging the philosophical assumption of nonlinearity upon which the hermeneutic process is based, Jackson and Patton (1992) presented the following three steps as guidelines for the data collection and analysis in hermeneutic research:

1. The initial step is to take an unfocused view of the text (Jackson, & Patton, 1992; p. 203). Text refers to any medium that accurately records the phenomenon in its context. Written material, video and audio recordings, transcripts, and the like can be considered texts. Having abandoned prior explanations of the phenomena, investigators can begin to understand the subjective meaning of the acts from the perspective of the participants. Empathy is used to illuminate participants' meaning.

2. The second step is to begin "interpretation through successive readings" (Jackson, & Patton, 1992; p. 203) of the material. Through a spiraling process, the researcher considers newly illuminated aspects of the text, challenging them, and revising his or her understanding. This process refines the interpretations, making them increasingly valid.

3. The findings must be conveyed accurately and clearly through the use of language, using words, rather than numbers to do so. As the end result, "the hermeneutic process, then, brings that which is alienated by distance or distortion, to be heard in a new voice" (Ringman, & Brown, 1992; p. 57).

The connecting thread in hermeneutic writing is the researcher's own reflection. This reflection goes back and forth between theory and real life examples to illuminate the researcher's journey of unfolding understanding (Ellis, 1997b).

Jackson and Patton (1992) presented three criteria against which to evaluate the validity of hermeneutic interpretations: (a) they correspond to the reality of the world as understood and accepted by the scientific community; (b) they are internally coherent--the ideas have logical integrity within the given context; and (c) they demonstrate pragmatic quality. The reliability and validity of the hermeneutic investigations is further enhanced by the researchers' integrity, honesty, and genuine concern for the study.

Below, I will present information that will help the reader follow my line of inquiry and evaluate the reliability and validity of the information presented in this Dissertation:

Reflections on the Research Process

This research project arose from the need to organize the concepts and the practical applications of meaning-oriented theory into a coherent framework that would be relevant to the practice of counselling psychologists: During my previous training and counselling experience, I found that many people, longing for direction, seek companionship, consolation, or compassion, and knowledgeable and understanding therapists, who have both expertise and wisdom to accompany them on their journey of healing and growth. As a young counsellor, I am aware of the importance of developing an awareness of one's own perspective on life, and of enriching this perspective by incorporating new views that can enhance my effectiveness in responding to my clients' needs.

My initial understanding of logotheory was that it is a theory of personality which can complement other theories by providing a "language" for addressing deep human concerns, such as the search for meaning in life. Through my communication with other therapists and students who were interested in logotherapy, I increasingly came to realize the complexity of logo-philosophy, underlying therapy.

My previous readings and training in counselling psychology have helped me to recognize some of the issues that I thought were pertinent to constructing a study of Viktor Frankl's logotherapy. These were the following:

1. During the completion of my Masters' Degree, I was a student of Dr. Robert C. Barnes, Director of the International Board of Directors of the Viktor Frankl Institute. As graduate assistant, I often researched topics related to logotherapy and translated articles from the German into the English language. I realized that many of Frankl's writings which are not available in the English language contain explanations and definitions of terms that are not in those books that are accessible to counsellors through university and city libraries. This finding reinforced my wish to present a thorough and coherent overview of Viktor Frankl's logotherapy, that would be accessible, even as a reference, to English-speaking counselling psychologists.

2. The workshops that I attended on logotherapy (i.e., *Logotherapy Lived*, held in Dallas, Texas, July 25-29, 1995; *Logotherapy in Crisis Prevention*, held in Toronto, November 10-13, 1996, and *Meaning-oriented Family Therapy*, held in Dallas, Texas, July 29-Aug. 2, 1997) further confirmed my perception that the prerequisite of understanding logotherapy (the practical applications of meaning-oriented theory) is familiarity with logotheory (the principles of meaning-oriented therapy). Since every application of therapeutic principles implies working from a particular theoretical framework, and vice versa, a distinction between theory and therapy seems arbitrary. (Frankl's books indicated the interrelationship between theory and practice when he referred to the theoretical parts of his writings as "the principles of logotherapy;" and to therapy derived from the principles as "logotherapy.") Following this line of reasoning, I decided to strive to present "logotherapy" in the light of "logotheory."

3. In my further attempts to organize my understanding of logotherapy, I wrote two articles that were published in *the International Forum for Logotherapy* ("The Nature of Counselling Relationships from the Perspective of Logotherapy," 1996, Vol.

11(2), pp. 34-37; and "A Four Step Model of Logotherapeutic Counselling," 1997, Vol. 20(2), pp. 113-120. A third article (Ungar, J., Hodgins, D., & Ungar, M., 1997: "Purposeful Goals and Alcoholic Recovery: A Correlational Study"), and two other papers that I presented at the Tenth and Eleventh World Congresses in Logotherapy ("*Healing Through Meaning*'," 1995; and "*Logotherapeutic Principles in Cross-cultural Counseling*," 1997; Dallas, Texas) reinforced my wish to know more about the practical applications of logotherapy in my own practice, and to communicate my findings with other professionals.

To stay true to Frankl's original meaning in his writings, I limited the primary sources of literature to Frankl's books and articles that have appeared either in the German, or in the English language. The secondary sources of literature included books, articles, and manuscripts written by leading logotherapists (Joseph Fabry, Elisabeth Lukas, Robert C. Barnes), Diplomates of Logotherapy, and members of the Viktor Frankl Institute. All the books that I reviewed in the German language constitute the required reading material at the South German Institute of Logotherapy Training Centre in Furstenfeldbruck, Germany. They were collected and given to me for the purpose of self-directed study by Dr. Elisabeth Lukas. I obtained Frankl's books in the English language and articles from *The International Forum of Logotherapy* (the official journal of the Viktor Frankl Institute) through the Library of the Viktor Frankl Institute in Abilene, Texas. I collected the additional secondary sources of literature from my lecture notes (by Dr. Robert C. Barnes), my attendance at Congresses and workshops, from unpublished manuscripts, and my conversations with members of the Viktor Frankl Institute.

In the beginning stages of this research, I relied on my previous understanding and pre-conceptions about Viktor Frankl's logotherapy, and relevant issues in counselling psychology, to select the point where I could gain a "glimpse" of the horizon of meaning-oriented therapy. In this first stage of the research process, I reviewed pertinent literature on Viktor Frankl's Life. Aside from presenting pertinent information on the basis of a review of literature in the German and in the English languages, I began to connect Frankl's life experiences and principles with my own horizon in counselling psychology.

Simultaneously, I began to organize the texts along thematic lines. This process involved the successive readings of the primary and the secondary sources of literature; identifying texts that related to specific topic areas; grouping of texts pertaining to the same idea; and presenting the information in a concise and successive manner, and recognizing the need for further research through the examination of related domain areas. While Frankl's writings provided guidelines for structuring some texts in the body of the dissertation, the writings of other logotherapists (i.e., Guttmann's [1996] review of "The Tragic Triad of Human Existence;" and Research in the Service of Logotherapy") proved to be helpful in illuminating pertinent topics.

In line with the hermeneutic approach, I continued the study through a dialogue of questions, arising from my horizon, and researching answers to these from the horizon of logotheory. This question-answer method of proceeding in my study gave rise to sections on "*The Philosophical Foundations of Logotherapy;*" and "*The Anthropological Foundations of Logotherapy.*" Through this process I moved "closer" to understanding the horizon of logotheory, especially when I examined "*Basic Concepts in Logotheory,*" and summarized my findings in "*The Logotherapeutic Credo.*" The "arc" on the horizon ended with "*Meaning as an Existential Decision,*" which provided the transition from theory into practice. From this point on, I aimed at highlighting the applications of logotheory in therapy, first in general (*in "Logotherapy's Response to The Tragic Triad of Human Existence*"); and later in particular cases in counselling psychology ("*The Principles of Meaning-oriented Therapy*"). This stage of my research continued with a back-and-forth illumination and study of logotherapy's methods in the light of my previous understanding of logotheory, and ended with comparing logotherapy with other treatment modalities ("*Logotherapy and Other Treatment Modalities*").

While I conducted this study, I was employed in a counselling setting where I frequently used logotherapeutic principles. Thus, I ended the first "loop" in my study with "*My Experiences of Using Logotherapy*." I consider "*Research in Logotherapy*" as the beginning of a "new loop," using the "thread" of logotherapy.

In summary, the general structure of this study unfolded in the following way:

Viktor Frankl's Meaning-oriented Approach to Counselling Psychology

Part One: Logotheory
1. Viktor Frankl's Life;
2. The Philosophical Foundations of Logotherapy;
3. The Anthropological Foundations of Logotherapy;
4. Basic Concepts in Logotheory;
5. The Logotherapeutic Credo;

Part Two: Logotherapy
6. Meaning as an Existential Decision;
7. Logotherapy's Response to the Tragic Triad of Human Existence;
8. The Principles of Meaning-oriented Therapy;
9. Logotherapy and Other Treatment Modalities;
10. My Experiences of Using Logotherapy;
11. Research in Logotherapy.

A schematic illustration of the research process, using the metaphor of discerning the "horizon" of logotherapy, can be illustrated the following way [the numbers refer to chapters in this study]:

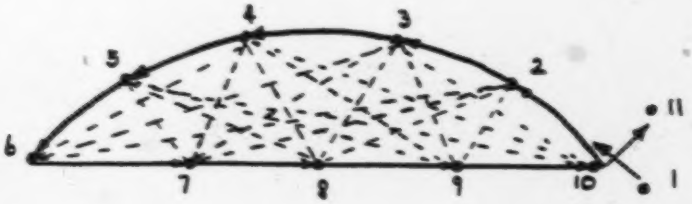


Figure 1: Ungar, M. (1998). The Heremeneutic Circle in The Present Study.

The Caveats of this Study

I conceptualize the caveats of this study in terms of its scope, content, and methodology:

1. The study is limited in its scope to Viktor Frankl's logotherapy. As such, it aims at presenting the theoretical and the practical principles of the meaning-oriented approach to counselling psychology. The main target of this approach is clients' feelings of existential vacuum--a feeling of boredom and emptiness--and the treatment of the symptoms of these, in therapy. While a meaning-oriented focus seems to be pertinent in our society, in practice, logotherapy has to be viewed in the smorgasbord of psychological theories. "Clients' needs" is the first consideration that should determine counselors' approaches to therapy. Therapists' training is the second. It is toward this second variable (therapists' training) that the present study is intended. Therefore, its significance should be always viewed in the light of clients' needs--the first variable.

2. The content of this study is divided into two parts: logotheory and logotherapy. As theory, by its very nature, is more abstract than practice, in line with the characteristics of the hermeneutic research process--that the researcher's own reflections provide the main thread for the exploration--there is a distinct difference between Part One and Part Two with respect to my reflections. Whereas in Part One, my reflections *guided* the study, in Part Two, I was mostly intending to *absorb* new information and to present it in a structured and coherent manner, in "harmony" with the sequential order of Part One.

Thus, the tenets of logotherapy are especially connected through, and nested within my own reflections and insights. These reflections have the advantage of guiding the reader through my research process. However, they also represent an organizing framework with respect to the structure of the study. The same organizing structure may not be found in Frankl's books. This can be seen, for example, in Chapter 2, on the "*The Philosophical Foundations of Logotherapy*," under which heading I present--what I deem to be--the most abstract tenets of logotherapy. The introduction to this chapter is entirely based on my forestructure in an attempt to discern the meaning of the texts and to bring them to the reader who, like myself, might not have an in-depth familiarity with the required classical philosophical thought. By the same token, "*The Basic Concepts of Logotherapy*," and "*Meaning as an Existential Decision*," are the result of an inductive and deductive process, guided by my previous knowledge, curiosity, and structuring of the insights that I have gained during the research process.

Since Chapters in Part One are more abstract in nature than Chapters in Part Two, they appear removed from concrete psychological thought. Yet, it was Dr. Joseph Fabry who pinpointed the therapeutic value of logophilosophy: The chapters that are philosophical in nature are found in exactly those areas where we individually search for answers, and where our language is limited to the knowledge and words available. These chapters represent a resource, especially because they are open to interpretation, open to understanding at one's own pace, and own terms. And, to aid such growth is exactly one of the tasks of logotherapy:

> Logophilosophy contributes to mental well-being through its interpretation of personal existence, but it is not the therapist who is the interpreter. Frankl conceives the role of the therapist not as that of a painter who presents "the world as he sees it" but as that of an eye specialist who helps the patient "see the world as it is."
>
> The centerpiece of your "world as it is" is self-knowledge–*you* as you are. This statement has to be taken with two grains of salt: First, there is no such person as you "as you are," only "as you are becoming." Second, you are the centerpiece only in the sense that your self-centeredness includes others. Meaning will come through constant striving toward a new self that is closer to your potentials than your present self and through constant attempts to interrelate

with others. Logophilosophy's advice is to know yourself as an indivisible entity of body, psyche, and spirit; do not allow yourself to be reduced below that totality (Fabry, 1994; pp. 129-130).

3. In comparison with Part One, Part Two contains more concrete information, many times, merely absorbing and structuring the teachings of logotherapy. This can be seen in Chapter 8, "*The Therapeutic Process in Logotherapy,*" where there seems to be ample room for complementing the hermeneutic method with, for example, a phenomenological understanding of clients' or therapists' subjective experiences of the applications of meaning-oriented principles, or with qualitative and quantitative methods to investigate the relationship between logotherapy and other treatment modalities. Thus, Part Two, like Part One, presents us with a fruitful landscape for further reflection, testing, and evaluation--thoughts for further research.

Throughout the writing of this study, I organized and presented my reflections and insights that have influenced my way of structuring the texts. This can be seen in the "Introduction" and the concluding "Reflection" sections of each Chapter, where my aim was to acquaint the reader with my mind-set and to reflect on my unfolding understanding of Viktor Frankl's logotherapy.

I hope that the words in this thesis reflect my desire to present a well-organized, thorough, and systematic account of Viktor Frankl's meaning-oriented approach to counselling psychology. --An account, that can be a useful resource to those who are interested in logotherapy.

PART ONE: LOGOTHEORY

CHAPTER 1: VIKTOR FRANKL'S LIFE

"Look at the theorist first to see if he knows how to live."
(Robert C. Barnes, PhD)

Introduction

According to Barnes (1994) theories of personality are relevant to counsellors because they create a link between theory and practice. However, they are strongly influenced by the person of the theorist. The purpose of this chapter is to present available biographical data on the life of Viktor E. Frankl, the founder of logotherapy, as well as to highlight those of his reported experiences which might have contributed to the development of this theory of personality.

This research is limited in its scope, not only in terms of the available recorded material on the life of Viktor Frankl, but also in terms of which of his recorded experiences the researcher perceives to be relevant to the present topic. For the reader to be able to follow the research process, it is necessary to describe those considerations that have guided my collection of data. These are the research questions, which I set out to answer at the beginning of this project:

Hermeneutic research emphasizes that our perception of the world is subjective (Ellis, 19970). All our experiences are the products of a particular social-cultural milieu, subject to our unique interpretation and understanding. This subjective reality, which, for the most part, is inaccessible to others, forms our realities. Reviewing theories of personality from a hermeneutic perspective would therefore require that we understand the subjective world of the theorist. That is, understand the unique social-, cultural experiences that have contributed to the development of that world-view which serves as the basis for a particular approach to therapy.

In reviewing the writings of other theorists, such as those of Sigmund Freud and Carl Jung, we find that these theorists' understanding of themselves and their world, did not remain static over time. In fact, it changed with the ever growing insight of the therapist. Existentialist thinking addresses those changes that occur in our understanding of our own selves. Existentialist thinkers, such as Heidegger, emphasized that individuals always move to organize their emerging and changing phenomenological fields.

Subsequently, as we review the life personality theorists, we find that their thinking was influenced by their early experiences and socio-cultural milieu. However, we might also expect their horizon of understanding to change, reflecting their flow of interpretation and attempts at structuring and re-structuring their experience. Perhaps, this process of unfolding understanding is most evident in the writings of Freud who formulated the theory of seduction when his earlier views on the origins of neuroses as remnants of traumatic childhood experiences were rejected by most members of the medical society in the late 1890's Vienna.

A third consideration, which is related to the two points mentioned above, is the following: Reading the lives of other personality theorists, such as Freud and Adler, indicates that they, aside from analyzing and structuring their experience, also took a particular stand toward it. For example, we know the records show that Adler was a "gregarious" and "jovial" person (Barnes, 1995b), and that as a child he had long bouts with pneumonia. "It was during this time of his life that Adler vowed to become a physician" (Barnes, 1995b; p. 3) In his theory of personality Adler talks about "early childhood experiences," "organ inferiorities," and "social interest" (Ansbacher, 1980; p. 7).

It is not difficult to point out some similarities between Adler's early childhood experiences and some of the main tenets of his theory. What is less apparent from the above example, however, is the way Adler drew strength from his early childhood experiences to help ease the suffering of others. This information, I believe, could be helpful in terms of gaining a deeper understanding of the way Adler sought to apply the theory of Individual Psychology in psychological practice.

The above preliminary analysis of the life and work of two personality theorists (Freud and Adler) points to three factors which would be pertinent to the current study: First, from a phenomenological point of view, it would be relevant to consider those experiences and factors that might have influenced a theorist's view of himself, the world, and his perception of being in-the-world (early childhood experiences, socio-cultural milieu, education, example from parents, and peers, etc.). Second, existentialist thinking prompts us to take into consideration changes and transformations relevant to the development, the evolution, of a theory (i.e., new insights, changing society, increased self-reflection and awareness, etc.) during the lifetime of the theorist (i.e., new insights, changing society, increased self-reflection and awareness, etc.). Third, we are challenged to take the stand the theorist takes toward events, circumstances in life (i.e., how does he use his own suffering to help others to act, not only to react, when faced with similar situations).

The questions that I have selected to guide the current analysis of the life and work of Viktor E. Frankl with respect to the development of his theory are therefore the following: (A) What are those life experiences that have influenced the development of Viktor Frankl's logotherapy? (B) How did Frankl's understanding of himself develop over time? and (C) What stand did Frankl take toward changing events in his life?

I. A Brief Summary of Frankl's Life

Viktor Emil Frankl, MD, Ph.D., was born March 26th, 1905 in Vienna, Austria. From 1946, Frankl was professor of neurology and psychiatry at the University of Vienna. He was director of the Vienna Policlinic, a neurological clinic in Vienna for 25 years. Frankl taught at Harvard University, Southern Methodist University in Dallas, and the University of Pittsburgh. In 1985, he was invited to teach at the International University in San Diego California, where logotherapy was recognized as the Third Viennese School of Psychotherapy (after Freud's psychoanalysis and Adler's individual psychology; Frankl, 1996; p. 215). Frankl held twenty eight honorary doctorates from universities around the world. He authored thirty two books that have appeared in translation in 24 languages. His most famous book is *Man's Search for Meaning,* which sold 9 million copies in the United States since its first edition in 1963. According to the records of the German Institute for Logotherapy, between the period of 1946 and 1995, 131 books in fifteen languages and 149 dissertations were published about Frankl and logotherapy (Frankl, 1995). He was referenced in 1,300 scientific articles (Frankl, 1995). Frankl held his last lecture on logotherapy at the University of Vienna in June, 1996. Viktor E. Frankl died September 2, 1997 in Vienna, at the age of 92.

II. Frankl's Memoirs

A summary of Frankl's memoirs can be found in a chapter entitled "*Autobiographische Skitze*" (Autobiographical Sketches) of his book 's *Die Sinnfrage in Psychotherapie* (The Question of Meaning in Psychotherapy), which appeared in 1981. The title of the book which Frankl wrote with the purpose of acquainting his readers with the intimate details of his life is "*Was Nicht in meinen Buchern Steht--Lebenserinnerungen*" (What is Not in My Books--Life Memoirs). This book was published in 1995.

Frankl (1995) describes his mother, Elsa, as an emotionally expressive and warm-hearted woman. He says his father, Gabriel, was rational, perfectionistic, with a strong sense of justice and duty. Frankl (1995) considered himself as a combination of extreme rationality, inherited from his father, and deep emotionality, inherited from his mother. Viktor Emil Frankl was second born of three children. He had an older bother, Walter, and a younger sister, Stella. In his memoirs, Frankl mentions that his family, especially his father, observed the traditions of the Jewish faith.

Of his early memories, Frankl speaks about two, in particular, that have "clearly influenced my character and life philosophy" (Frankl, 1997; p. 8). At the age of four, he reports that he remembers having awakened, realizing that one day he will die. It was not the thought of dying that frightened him as much as whether his death would render his entire life meaningless. He later came to the conclusion that especially death makes life so precious. Life's transitoriness ensures that our experiences and achievements are safely stored in the granaries of our past, and can never be taken away or erased. They are secured forever. This thought reportedly did not leave Frankl throughout his entire life. It was a thought that he employed in therapy to comfort elderly people, and people facing incurable disease (Frankl, 1997).

Another early childhood memory Frankl recalled happened when he was about five years old. One sunny Spring morning, he was lying in bed, with his eyes still closed. He reports suddenly being overtaken by a warm feeling of belonging and security. A moment later when he opened his eyes he saw his father leaning over his bed and watching over his sleep (Frankl, 1995). Like a father watching over the sleep of his son, a deep seated trust in the meaningfulness of life characterizes Frankl's philosophy of life.

Frankl mentions that, as a high school student, he went through a period when his life attitude was stoic and nihilistic. He mentions that, during this time of his life, he became an avid reader and always interested in philosophical questions. At the age of 15 he recalls that one of his teachers declared that 'life is nothing but a slow oxidation process' (Frankl, 1981; p. 145). The young Frankl protested. He wrote a paper on meaning in life, which he presented to the class. In the paper he talked about two ideas which later became part and parcel of logotheory: First, that we cannot ask what the meaning of our lives is. We can only respond to it, with our actions. Second, there is meaning beyond our understanding, which we cannot express or verbalize. We cannot know what this "last meaning" is, we can only believe that it exists (Frankl, 1995; p. 28). Frankl also talked about some of his readings in Freud's psychoanalysis and the role of the unconscious in reflecting on the meaning of life.

Frankl grew up across the street from the home of Alfred Adler, at Czerningsgasse 6, an address Sigmund Freud knew by heart. Frankl began corresponding with Freud when he was 19 years old. He collected articles and enclosed his commentaries in which he thought Freud might be interested. Frankl's first article, having to do with "Mimical Confirmation and Denial," appeared in the *International Forum for Psychoanalysis* in 1924 (Frankl, 1995; p. 30). Frankl met Freud only two years later, in Vienna, when he was already a member of Alfred Adler's circle.

Frankl's article entitled "Psychotherapy and World View" appeared in the *International Forum for Individual Psychology* in 1925. This article was inspired by Adler's teachings. However, Frankl reports, that as early as he entered Adler's circle, there were some differences between his and Adler's world view. Namely, Adler considered neurotic behavior as a means to an end. He maintained that neurotic individuals behave neurotically because they choose a less-productive lifestyle over a more productive one to forego contributing to society--as people who choose a more productive lifestyle do. Adler tended to consider neuroses merely in pathological terms. That is, he attempted to analyze the lifestyle of neurotic individuals, point out their unrealistic expectations, and attempt to help his patients abandon their neurotic behaviors in favor of more realistic goals. Frankl was convinced that many times neuroses are the result of frustration: of individuals striving to meet higher expectations but being challenged in their attempts. Unlike Adler, Frankl envisaged neuroses as representing an opportunity for further growth. Frankl considered neurotic behavior an attempt to reach higher goals, which is frustrated or ineffective rather than a means to an end. Frankl was expelled from Adler's circle in 1927 when, upon being asked by Adler to express his views in defense of Individual Psychology, he said that Individual Psychology fails to consider the dimension of the human spirit and considers some existential concerns, although they are the manifestations of healthy strivings, pathological.

Frankl, as a young medical student, organized the Academic Society of Medical Psychology in Vienna and became its Vice President. It was during this time (in 1926) that he gave a presentation in which he used the word "logotherapy" for the first time to denote the psychotherapy which he founded and which dealt specifically with life-meaning. In 1929, still a student of medicine, Frankl spoke about three avenues through which life can be made meaningful: a work, a deed, and an experience of love. In his later writings, Frankl refined these tenets as creative, experiential, and creative values. In the same year, in 1929, Frankl published a paper on paradoxical intention, although a detailed description of this technique appeared in print only much later in 1939, within the framework of behavior therapy (Frankl, 1995).

After being expelled from the individual psychology movement, Frankl's interest shifted from theoretical issues, to practical applications. Upon obtaining his Doctor of Medicine degree in 1930, Frankl worked as a psychotherapist and organized youth counselling centres in Vienna for the prevention of suicides. During this time Frankl reports that he "...tried to forget everything that I learned from Freud and Adler and attempted to learn from my patients" (Frankl, 1995; p. 50). He was especially interested in learning about what made them feel better. He reports that he consciously tried to concentrate not on what he was saying, but what his clients were telling him. During this time, he also began to improvise.

Between 1930 and 1934 an estimated 3,000 clients received treatment from Frankl at the Steinhof Hospital. Reportedly, he made short-hand stenographic notes of each one of his counselling sessions. What Frankl learned at the clinic during these early years he said has "...sharpened my diagnostic eye, and was also a treasure chest of case histories on which I further based the development of logotherapy" (Fabry, 1996; p. 6).

In 1937 Frankl opened his private practice which ended only months later when the Nazis occupied Austria in 1938. Jewish doctors were not allowed to treat non-Jewish patients. Frankl was allowed to continue as the director of the neurological department of the only Jewish hospital in Vienna, the Rothschild Hospital. By this time Frankl was married. He and his wife were the last of two Viennese Jewish couples to obtain permission from the National Socialist authorities to wed. Tilly was expecting the birth of their first child, a fetus that had to be sacrificed by abortion, because, by then, Jews were forbidden to have children, even couples who were legally married. Because of his position in the Rothschild Hospital, Frankl was able, for a short while, to protect himself, his parents, and his wife from deportation. In December, 1941, the entire Frankl family was arrested in one round up of Jews in Vienna. In January, 1942, all of them were deported when the "final solution" was strictly enforced (Frankl, 1995; p. 87). Not one Jewish person was exempted. Although Frankl had a visa to the United States, he had chosen to stay with his parents in the hope of being able to ease their suffering.

In 1941 Frankl was deported to the concentration camp of Theresienstadt. His experiences in this concentration camp, as well as the camps of Auschwitz, Kaufering III, and Turkheim are well reported in his books, primarily *Man's Search for Meaning*, *The Doctor and the Soul*, *The Unheard Cry for Meaning*, and the *Will to Meaning*. From these books we know that Frankl's theory of logotherapy, his belief in ultimate meaning, meaning permeating every life situation, the unconditional dignity of each human being, were put to an ultimate test in the concentration camps.

Two of the most significant episodes that Frankl recalls in his memoirs are the following: Among the things he was able to smuggle into the first camp, Theresienstadt, was a capsule of morphine. His parents were also there. He knew that his mother was sent right to the gas chambers upon arrival. His father was still alive, but in critical condition. He was 81. He was starving and had two sieges of pneumonia. Frankl knew he was dying. He injected his father with the morphine. Before his father's death, Frankl reports, the following dialogue took place:

> "Do you have any pain?" -"No."
>
> "Do you have any wish?" - "No."
>
> "Do you wish to tell me anything?" - "No."
>
> Then, I kissed him and left, knowing I would not see him alive again. But I had the most wonderful feeling. I had done my part. I had stayed in Vienna because of my parents, and now I had accompanied my father to the threshold of death and spared him of unnecessary suffering in dying (Frankl, 1995; p. 6).

The second incident Frankl recounts is when he learned of the death of his young wife. It had happened after British soldiers had liberated the camp of Belsen-Belsen. They had found 17,000 corpses there and during the next six weeks thousands more corpses were added, Tilly among them. Frankl was told that gypsies cooked part of the corpses. For weeks he was "haunted by obsessive thoughts that gypsies were eating Tilly's liver" (Frankl, 1995; p. 69).

In his autobiographical writings (i.e., Chapters on "*What Is Not In My Books*," 1994; and "*Autobiographical Writings*," 1981) Frankl refers to his experiences in the concentration camps as the "Experimentum crucis" (Frankl, 1981; p. 160). The ultimate human capacity of self-distancing and self-transcendence, two uniquely human capacities, Frankl came to distinguish after his liberation, were ultimately being "tested" and "validated" (Frankl, 1995; p. 75).

Self-distancing, according to Frankl (1995), is our ability to distance ourselves from our symptoms. In His memoirs, we find the following example:

> I attempted to distance myself from my suffering by trying to perceive my situation objectively. For example, I remember that, one day, I arose in terrible pain. I was hungry and shivering with cold. My legs were swollen with edema because I was starved. We had to march to our worksite. My situation seemed help- and hopeless. Then, I imagined that I am standing at the lectern in a

> beautiful, cozy, and well-lit lecture hall, and that I am getting ready to begin my presentation entitled 'psychotherapeutic experiences in a concentration camp,' and that I am talking about the very events that I was experiencing. Recently, I had the opportunity to give a presentation at a Congress on this topic. But believe me, dear Ladies, and Gentlemen, that, at that time, I could not have for a minute really believed that one day, I will have the opportunity to give such a presentation" (Frankl, 1995; p. 77).

Self-transcendence, according to Frankl (1995) is a human capacity for transcending ourselves toward something or someone else. At the time Frankl entered the concentration camps, he had a finished version of his first manuscript. This manuscript was lost in the camps. He devoted much energy to reconstructing this manuscript outlining the basic tenets of logotherapy on a piece of cardboard using stenographic notes. He reported that the task of having to complete his manuscript, and the memory of his wife and parents kept him alive.

Frankl was liberated from the camp Turkheim in April, 1945, by a group of soldiers from Texas. In *Man's Search for Meaning*, the book which captures his experiences in the concentration camps, Frankl (1963) recalled the first days of his liberty as follows:

> One day, a few days after the liberation, I walked through the country past flowering meadows, for miles and miles, toward the market town near the camp. Larks rose to the sky and I could hear their joyous song. There was no one to be seen for miles around; there was nothing but the wide earth and sky and the larks' jubilation and the freedom of space. I stopped, looked around, and up to the sky--and then I went down on my knees. At that moment there was very little I knew of myself or the world--I had but one sentence in my mind--always the same: "I called to the Lord from my narrow prison and he answered me in the freedom of space."

> How long I knelt there and repeated this sentence memory can no longer recall. But I know that on that day, in that hour, my new life started. Step for step I progressed, until I again became a human being (Frankl, 1963; pp. 141-142).

During his first days back in Vienna, Frankl learned about the full tragedy of his family. Only he and his sister survived the War. Many of Frankl's friends feared that he would commit suicide. They prompted him to begin a reconstruction of his lost manuscript. This book is known in English as the *Doctor and the Soul* (1986). He was also invited to continue his work as director of the Psychiatric Department of the University Clinic in Vienna. This was a challenge Frankl "needed." It reinforced his belief in his earlier convictions that "we cannot ask what life can do for us, but what life asks of us." And, "we determine the monument we want to erect to those whom we have lost" (Frankl, 1995; p. 78). Both thoughts appear in Frankl's reported therapy sessions with clients.

In 1946, Frankl married Eleonore Katharina Schwindt, his beloved "Elly." He talks about Elly with great respect and admiration as he writes: "She supplements me--what I do with my brain, she does with her heart. Or, as professor Needleman once said: 'She is the warmth that accompanies the light' "(Frankl, 1995; pp. 88-89). In his autobiographical writings Frankl (1995) talks proudly about his daughter, Gabriella, named after Frankl's father Gabriel, her husband Franz Vesely, and his two grandchildren Katharina, and Alexander. The Veselys are the editors of the *Logotherapie und Existenz Analyse* ("Logotherapy and Existential Analysis"), published by the Viktor Frankl Institute in Vienna. They are also involved in the organization of conferences and congresses on logotherapy that are held in Austria, and attend conferences held in other countries of Europe, the U.S.A., and other countries in the world.

From 1946 until June, 1994 (his last lecture on logotherapy at the University of Vienna) Frankl taught at numerous universities. Until the time of his death, he continued to correspond with therapists, scientists from other disciplines, philosophers, and his students wishing to apply logotherapeutic principles in practice. During this fifty-year period he introduced logotherapy to psychotherapists in countries in Europe and America, Israel, Australia, Japan, and South Africa (Leslie, 1997; Fabry, 1996; Kalmar, 1995; Frankl, & Kreutzer, 1994; Frankl, 1995).

Regarding the development of logotherapy, the *Correspondences with Viktor Frankl* (Fabry, & Lukas, 1995) informs us that logotherapy groups in the treatment of recovering alcoholics were, reportedly, being successfully used in California in 1964. "Dereflection groups" were led by Elizabeth Lukas in 1980. Between 1960 and 1980 two instruments were developed for measuring existential vacuum in clinical populations (*The Purpose in Life Test*; Crumbaugh and Maholick, 1964; and *Logo Test*; Elisabeth Lukas, 1972).

The Institute of Logotherapy was organized in Berkeley, California, in 1977. The name was changed to the Viktor Frankl Institute of Logotherapy at the Seventh World Congress on Logotherapy, in Kansas City in 1989 (Barnes, personal communication, March, 1998). The President of the Board of Directors of the Viktor Frankl Institute since 1991 is Dr. Robert C. Barnes.

Joseph Fabry and Elisabeth Lukas are two of Frankl's former students and associates. Joseph Fabry translated six of Frankl's books from the German language. Fabry is also co-editor of the *International Forum for Logotherapy*, the official journal of the Viktor Frankl Institute. Elisabeth Lukas is founder and Director of the South German Institute of Logotherapy and director of the training Center for Logotherapy in Germany. She is author of twenty-one books on logotherapy, and renowned for her extensive lectures on logotherapy in both Europe and America (Fabry, & Lukas, 1995).

To date, Institutes or Associations for Logotherapy exist in twenty-two countries on six continents (Barnes, 1998). International Congresses on logotherapy are held every two years. Publications on logotherapy regularly appear in the *International Forum* *for Logotherapy*, and the *Logotherapie und Existenzanalyse* ("Logotherapy and Existential Analysis;" Fabry, & Lukas, 1995).

Frankl (1995) ended his memoirs with an anecdote. He was asked by the editor of *Who's Who in America* to indicate what he considered the most important goal in life. At a conference in Berkeley, California, he asked a group of students what they thought he had sent in his answer. One of the students said: "You have found the meaning of your life by helping others find meaning in theirs." Frankl replied: "That is true to the point. I really had written this" (Frankl, 1995; p. 106).

III. Analysis of Frankl's Life Memoirs

A. What are those Life Experiences that have Influenced the Development of Viktor Frankl's Logotherapy?

My first objective for analyzing Frankl's autobiographical writings was one of determining those external, environmental factors that have strongly influenced his thinking. Through this review I found numerous examples where Frankl acknowledges the role of his parents (i.e., their personality, religion, life attitudes); and teachers, (such as Alfred Adler, his patients, and life events) on his later development.

I was surprised to find how much Frankl remembered his early childhood experiences. His thoughts about life's meaningfulness as a four-year-old represent one major theme that runs through his later writings on logotheory. His experiences in the concentration camps are testimony to the uniqueness and dignity of the human person under all circumstances in life.

Frankl acknowledges Freud's and Adler's influence on the development of his theory. Both Freud and Adler lived in Vienna. Adler lived just across from the Frankl's home, Freud lived in another district of the city. In order to honor Frankl's contribution to psychology, logotherapy is also referred to as the Third Viennese School of Psychotherapy. Frankl claims that he did not develop his theory without in-depth understanding of Freud's psychoanalysis and Adler's Individual Psychology. In his book, "*Logotherapy and Existential Analysis*" (1994) for example, he states that logotherapy is less retrospective than psychoanalysis, and less introspective than individual psychology. While Freud emphasized the analysis of unconscious drives, insight, and conscious awareness, and Adler responsibility, Frankl purports to stress both consciousness and responsibility.

From "*The Traces of Logos--Correspondence with Viktor E. Frankl*" (Fabry, & Lukas, 1995) it is apparent that Frankl did not develop his theory independent of the writings of the existentialist thinkers. He corresponded with and visited Martin Heidegger, Ludwig Bingswagner, Karl Jaspers, and Gabriel Marcel. However, while Heidegger emphasized "Dasein" (being-in-the world), Frankl sought to complement "Dasein" with our possibility to be- other-than our current way of being in the world. He said, he added the possibility of being what we "ought to be" to the way we are, or have been (Frankl, 1981, p. 144).

Through his books, Frankl acknowledges the impact events in his life have had on him. That is, he realizes the importance of the environment and early factors in shaping one's character and subsequent way of being. However, he also draws our attention to the fact, that we can also shape our environment. And, through our learnings in the environment, we can shape our own selves (Frankl, 1994; Lukas, & Fabry, 1995).

B. How did Frankl's Understanding of Himself Develop over Time?

The second objective of this review is to observe the process of the development of a theory during the lifetime of a theorist. Thus, to see the extent to which changes in society, new insights, experience, and self-awareness have influenced the evolution of logotherapy.

We know, that during the Second World War, Frankl stayed in Vienna to protect, and later, to ease the suffering of his parents and young wife. Fully aware of the consequences of his choice--the impending deportations--Frankl appears to have taken a definite stand towards the conditions of his environment: "Man can be the master and not the victim of his fate" (Frankl, 1972; p. 62). In the *Will to Meaning* (1972), Frankl quotes Nietzsche in summarizing logotheory: "He who has a why to live for can bear with nearly any how" (p. 34).

Readers of Frankl's books often assume that he developed logotherapy on the basis of his experiences in the concentration camps (Barnes, 1994). Frankl's writings confirm that the basic concepts and tenets of logotherapy were formulated even before that Second World War. Indeed, Frankl used the term logotherapy as early as 1926. Thus, Frankl did not develop his theory of logotherapy in the concentration camps. Rather, he validated it there (Frankl, 1994).

As to his personal development, Frankl says, he went through a period of nihilistic thinking--"a viewpoint that traditional values and viewpoint are unfounded and that existence is senseless and useless" (Merriam-Webster, 1994; p. 497)--at the beginning of his student years. He does not talk specifically about what his ideas were or his feelings during this time. Thus, we do not know how he came to abandon them in favor of his strong belief in life's meaningfulness. However, we know that he felt strongly about meaning in life at his age of 15. We also know that as a young student of medicine, he established youth counselling centres in Vienna for the prevention of suicides. We can only speculate that Frankl himself was very aware of the anxieties, and insecurities of youth. His experiences might have contributed to his fervor and skill in developing programs for the prevention of suicides.

Frankl's experiences at Rothschild Hospital shed light on his "most valuable learnings" (Frankl, 1995; p. 50) as a young physician and therapist. He was interested in knowing what made his patients feel better. Aside from perfecting his medical skills, it was during this time, that he recorded and analyzed his conversations with patients to explore the effectiveness of psychotherapy. On the basis of his observations, Frankl came to articulate what he later termed as "avenues to meaning" (Frankl, 1995; p. 44), for the first time. These were creative values--contributing to the world through work or a deed; experiential values of love; and attitudinal values--the stand one takes toward a fate that can no longer change (Frankl, 1994). In this respect, Frankl's experiences in the concentration camps were a great personal challenge and test of his theories.

After the War, Frankl continued working as a neurologist and psychiatrist, and he formulated his views in a coherent theory. It was during this time that he sought to present a complete view of logotherapy. He elaborated on the theoretical, thus philosophical, and anthropological foundations of logotherapy; defined logotherapy's roots in-, and differences from other therapies, primarily Freud's psychoanalysis and Adler's individual psychology; and presented case studies in support of his views.

From "*The Traces of Logos--Correspondence with Viktor Frankl*" (Lukas, & Fabry, 1995) it becomes apparent that the foundations of logotherapy, and its basic tenets have, in principle, remained the same, since the first time Frankl presented them. Through the years of his practice, however, they became more crystallized as other therapists and practitioners sought to understand and apply them. With respect to the place of his theories in the evolving logotherapeutic movement Frankl said that "all I attempted to do was to lay the foundations of logotherapy" (Frankl, 1991; p. 270)--and, he added, "there is no place for orthodoxy in logotherapy" (Frankl, 1991; p. 11): "Logotherapy can grow only through its own process of evolution, and a dynamic interaction with other schools of psychology" (Frankl, 1994; p. 257).

In view of Frankl's development as a therapist, it seems interesting to note that he, on the one hand, reports having had intensely studied the writings of Freud and Adler. On the other hand, he says, that when he started working with clients, he sought to "forget what he has learned from Freud and Adler, and listen to, and respond only to what his patients were saying" (Frankl, 1995; p. 46). A similar description of the "learning process," found in Lukas's correspondence with Frankl, from 1973 (Fabry, & Lukas, 1995), might shed some light on the apparent dissonance between Frankl's above statements pertaining to his experiences as a young practitioner: One year after the completion of her doctoral degree in psychology, Elisabeth Lukas (Fabry, & Lukas, 1995) reports that she sought to implement her knowledge in counselling practice. Although her knowledge of personality theories was thorough, she reports, that, to her disappointment, she soon realized that that knowledge was not enough to help her clients in therapy: "Everything was different than what I would have expected from reading the textbooks; every problem seemed multifaceted; every symptom could have been interpreted in numerous ways; well tested therapeutic formulas did not work as they were purported to do" (Fabry, & Lukas, 1995; p. 33). She then talks about Frankl's advice to her:

> During a lecture he wrote a formula on the board, which sounded: 'q = x + y', where every q represented the appropriate therapeutic method, depending on the x personality of the client, and y personality of the therapist. Viktor Frankl has told us students, that the therapeutic method we select must fit the unique personalities of the client and the therapist. If there is a mismatch between either one of the two, therapy cannot be successful (Fabry, & Lukas, 1995; p. 33).

Subsequently, recollects Lukas (1995), she had to discover not only which therapeutic approaches fit her personality the most, but she also had to find out which methods fit treating the concerns of the patient. "Listen to your patients!" was Frankl's advice to Dr. Lukas (Fabry, & Lukas, 1995; p. 33). And, she reports that she began to listen to the simple words her clients used:

> ...I observed the melody of their voice and searched for traces of Logos in their hearts. No, I held no ripe fruits in my hands after the completion of my studies at the university. All I had in my possession was one seed. But I took this seed with me to my first workplace on the German plains (Fabry, & Lukas, 1995; p. 33).

C. What Stand did Frankl Take Toward Changing Events in his Life?

The third, and last perspective from which I set out to analyze Viktor Frankl's life was the stand he as personality theorist takes toward events and circumstances in his own life, and the way he uses these events to help others act, not only react, when faced with similar situations. Perhaps, the most efficient way of doing this would be to observe the way Frankl lived up to his values--the three avenues to finding meaning in life--which he articulated in 1929:

On the basis of the current review of Frankl's life, as found in his autobiographical writings, one might conclude that Frankl found meaning in creative values--writing books, giving lectures, developing logotherapy; in the experiential values of love--his parents, his wife, his daughter, grandchildren, his students, colleagues, and associates; and in the attitudinal values of finding meaning in the most seemingly meaningless situations imaginable, the concentration camps.

Reflections

Being there, and being there more effectively is a central theme that runs through theories of personality, guiding the work of psychological counsellors. Viktor Frankl's theory of personality, as we have seen, is deeply rooted in his own way of being, that is, in his commitment to the possibility of change, growth, and development. This is a way of being that aims at something or someone other than self. Through this search Frankl guides us through moments, periods, even years of grief, suffering, and despair. But he also points toward the possibility of healing. Not by ignoring suffering, but by allowing suffering to alert us to meaning potentials inherent even in the greatest tragedies in life.

The most significant aspect of Frankl's autobiography in terms of my own professional development, at the time of my reading the texts were Frankl's instructions to his former student, then a beginning counsellor, Elisabeth Lukas: As counsellors, we have to find out what techniques fit best with our personality, as well as with the personality of our clients. And her response: "...I attempted to listen to the melody of their hearts." Here, I recalled the words of my mentors, professors, and practitioners, who reminded us students of counselling psychology, on numerous occasions: "Whereas psychology is a science, counselling is an art" (Barnes, 1994). This inspiration will continue to guide my research exploring the applications of Viktor Frankl's theory to counselling psychology.

CHAPTER 2: THE PHILOSOPHICAL FOUNDATIONS OF LOGOTHERAPY

"There are truths which run deeper than words"
(Chinese proverb)

Introduction

In this Chapter I will take a look at those philosophical assumptions that pertain to the ways of our understanding of the world and interpretation of reality, according to Viktor Frankl's theory. Basic philosophical assumptions are usually implicit in all theories, and I believe that they comprise those building blocks without which we cannot fully understand what world-views lie at the root of a communicated theory.

To set the scene for this investigation, first I have to clarify those assumptions that will guide this study: First, on the basis of my readings in classical and contemporary philosophy, I believe that it would be wrong to presuppose that philosophical questions have been, or that they can be, answered with certainty. My second presupposition is that the development of new knowledge and new theories have helped us to answer philosophical questions only in some more precise details. They have also ushered our preconceptions, that is, the process of being able to see those fundamental questions that have been with humankind in a new, and perhaps, a more sophisticated light, and to re-state, and re-process them, as they parallel the growth of our understanding of ourselves, and our "raison de etre" in the world.

I. Critical Questions in Philosophy

From the very beginnings of philosophical thought, philosophers were concerned about the ways we are molded by our world, and the extent to which we can rely on our perceptions in formulating our impressions about the environment and ourselves. If we observe the history of philosophy, we can infer two ideas that seem to have inspired the search for our increasing understanding of ourselves: (1) that we are part of the world and affected by it; and (2) that we are capable of influencing the world. Both ideas appear to have given rise to debates about the nature of human existence and possible ways of human understanding.

However, philosophers have had very different ideas about who we are as human beings. We find that this was so, especially because they oftentimes emphasized one or other aspect of our being, to the exclusion of others. Three examples speak very well to this point:

1. Aristippos (around 435 B. C.), a student of Socrates', held that it is only through our *senses* that we can gain adequate picture of reality. Therefore, he held that "right behavior ought to reflect our sensory perception of events" (Nyiri, & Lendvai, 1992; p. 56). An outgrowth of this thinking was *negative hedonism*, advocating that in order to live one's life rightly, one must avoid painful experiences and seek only *sensory pleasure* (Lendvai, & Nyiri, 1992; p.55). Legend holds that the introduction of this last idea "*the avoidance of pain at all costs*" led to mass suicides in Alexandria following the speeches of Hegesias (Nyiri, & Lendvai, 1992).

2. Another philosophical orientation can be illustrated in the world view of the *stoics* (Zenon and Epictet, 336-264 B. C.). According to the stoics, the world has laws which cannot be changed. The only freedom we have is freedom in our *souls*. The ultimate freedom we can have is "*apatheia*," that is, a disinterested passive attitude to what happens to us in the world (Nyiri, & Lendvai, 1992; pp. 64-65).

3. Both of these, so called "dogmatic philosophies," were confronted by yet, a third "ancient" philosophical movement: *scepticism* (Purron, around 360-270 B. C.), advocating that we can never gain a full understanding of the world. All our attempts to explore phenomena in the world through our senses are false. "Attempts to form judgments of the world only disturb our souls" (Nyiri, & Lendvai, 1992; p. 65).

Reading these examples, we get the sense that the acceptance of certain philosophical ideas had profound influence on people's lifestyle in the antic times. Philosophical ideas were not the sole concern of philosophers. People chose to lead their lives either "this way," or "that way" depending on their outlook on life. In this respect, we could say that times have not changed. Let's see what views are available to us, today.

If we critically examine the above examples, we can discern two fundamental questions that were the subject of ancient philosophical discussions: (1) What is the self? ("Who are we?") and (2) What is non-self? ("What is our relation to the world?"). As philosophical thought advanced over the centuries, the first question, "What is the self?" led to the formulation of the "*body-and-soul-problem.*" The second question, "What is not self?" is present in the "*subject-object debate*" (Nyiri, & Lendvai, 1992; pp. 98-99). Below is a brief summary of these two ideas. It is noteworthy that both of these questions have been recognized as representing "...a current challenge to our traditional conceptualization of health care" (Bakal, 1992; p. 4):

A. The body-soul problem: Briefly stated, the essence of the body and soul problem is the following: Even in the early centuries, philosophers have observed that we as human beings are more than just our bodies; we can experience certain emotions, we can display an affect, we are intelligent, etc. This "more" in us than our bodies, however, is impossible to touch, measure, or exactly describe in words. According to Rene Descaretes (1596-1650), this "more" in us than our bodies is our "soul" (Gray, 1994; p. 122). The basic distinction between body and mind in Cartesian Dualism is that while the body is visible, the soul is invisible. Religious doctrine in Descartes' time added that while the body is mortal, the soul is immortal (Gray, 1994).

B. The subject-object debate: The subject-object debate pertains to the question of whether we as observers (subjects) can distance ourselves from the world-- the object of our observation (Gray, 1994; 134). Or, whether we as observers, are invariably affected by the world, and vice versa, the world is invariably affected by our observations (Gray, 1994).

One can discern two questions from the body-mind problem, and the subject-object debate, respectively, that are of relevance to counselling psychologists. In this thesis, they are the following: "Whether and how to address those human characteristics which do not belong to the domain of the body?" (Lukas, 1995); and "Whether there is an absolute reality that exists independently of us, the observers, or, are our subjective perceptions our sole realities?" (Frankl, 1969). Both of these questions have significantly influenced the development of psychology around the turn of this century (Lukas, 1995) and coloured the *Zeitgeist* of Viktor Frankl's logotheory.

A. Frankl's Response to the Philosophical Questions of his Time

1. Whether and how to address those human characteristics which do not belong to the domain of the body?

At the beginning of this century when psychology developed into a human science, there was a trend, said Frankl (1996b) to transform the concept of the soul into the "psyche" and declare it to be the source of all emotions, and the reservoir of all learning experiences, both of which combined to form the basis of our life-impulses. Subsequently, human behavior was interpreted in terms of past learning experiences or drives, to the exclusion of phenomena that were not readily measurable (such as hope, joy, sorrow, etc.). As in the natural sciences, research psychologists began to specialize in exploring those aspects of human behavior that could be measured in experimental studies. In collaboration with other branches of science (i.e., biology, chemistry, computer science) psychologists sought to explain and predict behavior.

According to Frankl (1981), the problem was not that there was an increasing tendency for psychologists to specialize in one or other area of behavioral science, but that these scientists then generalized their findings to other areas of human life:

> To give you an example, the '*Practice and Morals of Psychotherapy*' says: "Man is nothing but a biochemical mechanism, powered by a combustion system, which energizes computers." As a neurologist, I agree that the model of a computer could be used to refer to certain functions in the central nervous system. However, we would be mistaken if we declared that man is nothing but a computer. Man is a computer, but man is infinitely more than just a computer.

> *Nihilism*, in this example, is not the denial of the existence of something. It is rather a view that something is "nothing but." In America, psychologists refer to the same process as *reductionism*. As in this example, reductionism does not only fail to consider one human dimension, but it robs human beings from that dimension which makes them specifically human (Frankl, 1981; p. 172).

Frankl (1967; 1975; 1981; 1986; and 1992) claimed that phenomena such as love and conscience cannot be denied existence, even if their working is not available to traditional methods of research. He believed that ways of knowing, and methods of understanding should complement each other. Through each one of them, we could gain a different picture of reality. Our task is to integrate these aspects of reality that we can gain through various modes of exploration, rather than take one or the other at its face value, and at the exclusion of information from other data sources.

2. Whether there is an absolute reality that exists independently of us, the observers, or, are our subjective perceptions our sole realities?

At the time when Frankl formulated logotheory, psychology was influenced by two philosophical schools, *phenomenology* and *existentialism*. Phenomenology, as we know it from the writings of Husserl and Scheler (cited in Frankl 1967; 1972) maintained the subject-object dichotomy. Husserl, in particular claimed that what is available to any one person is given through the senses. Our subjective experience determines our picture of reality. The phenomenologists did not advocate reductionism. On the contrary, they claimed that "evidence is any form of givenness of an object to a personal subject" (Nyiri, & Lendvai, 1992; p. 112). They maintained that scientific research should aim for a non-biased description of factual data (Nyiri, & Lendvai, 1992).

The existentialists claimed that they operate at a level which surpasses the subject-object dichotomy: In existentialist philosophy, individuals can exist in two or three separate phenomenological worlds at the same time. In Bingswagner's view (referenced in Frankl, 1967; 1972; and Frankl, & Kreutzer, 1994) existence, being in-the-world, is related to being in the realms of the "Umwelt" (Environment), where the "natural law is as valid as ever" (Kierkegaard; cited in Nyiri, & Lendvai, 1992; p. 120); the "Mitwelt" (the world of relationships); and "Eigenwelt" (the world of self-awareness and self-reflection; Gray, 1994; pp. 108-109). According to the existentialists, none of these fields are stable. They are in the process of constant change and becoming. The subject-object dichotomy cannot apply to an emerging world of relationships and dynamic interactions (Gray, 1994).

Frankl (1986) built on both phenomenological and existentialist philosophy when he proposed that: "...All of us see reality from a different perspective. That is, all of us see reality from our unique vantage points. Reality exists not despite the difference in perspectives, but exactly because of it." (Frankl, 1986; p. 55).

B. Frankl's Dimensional Ontology

In the "*Pluralismus der Wissenschaften und die Einheit der Menschen*" (Pluralism of Sciences and Unity of Man), Frankl (1972; pp. 135-151, 1996b; pp. 20-33) put forward a "Dimensional Ontology" (1994; p. 63; 1996b; p. 20) which explains his reasoning behind logotheory's epistemological foundations. The fundamental claim of Frankl's (1972) dimensional ontology is that multi-dimensional entities cannot be understood along one or two selected dimensions. Rather, they must be considered in their totality:

1. First Thesis of Frankl's Dimensional Ontology

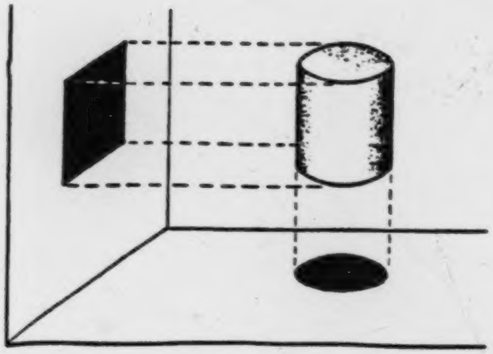


Figure 2: Frankl, V. E. (1996b) Der Mensch vor der Frage nach dem Sinn (P. 24.), Munchen: Piper[1]

The unity of one and the same thing can be discerned only by reconciling the contradictory images gained by projecting it into other dimensions, each of the dimensions capturing less than the dimension of the whole itself. For example, if we took a three dimensional object, say a drinking glass, which is a geometric cylinder, and projected it from a three-dimensional space into a two-dimensional space of height, and width, we would see two contradictory shapes; a rectangle, and a circle. The two images are not only contradictory, they do not tell us anything about the properties of the glass. For example, we would not be able to infer that the glass is an open container. That would become obvious if we considered the glass in its three-dimensional reality (Frankl, 1996b; p. 24).

2. Second Thesis of Frankl's Dimensional Ontology

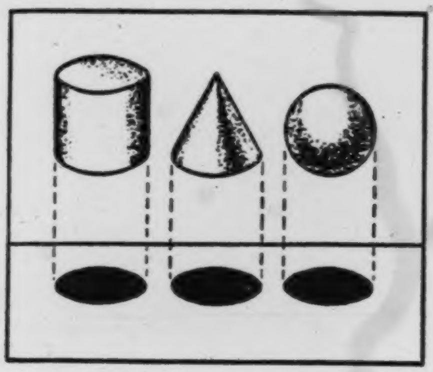


Figure 3. Frankl, V. E. (1996b). Der Mensch vor der Frage nach dem Sinn (P. 25). Munchen: Piper.

Dissimilar things, when projected into one and the same dimension can be discerned only if we realize that the projections are not dissimilar, in fact, they are the same. Therefore, the projections can be interpreted in numerous ways. Let's suppose, for example that we projected three objects, a cylinder, a cone, and a sphere into a one-dimensional space. In this case, we would see three shades that are circle-shaped. On the basis of the projections alone, it would be hard to guess which among the three possible objects would correspond to one of the shades (Frankl, 1996b; p. 25).

II. Dimensional-ontology in Logotheory

A. The Body-mind Problem

Frankl (1996b) claimed that human existence, too can be projected into one or two dimensions. He believed that we as human beings exist along three dimensions. He termed these the dimension of the soma (body); psyche (mind); and Noos (spirit; Frankl, 1975; pp.89-90; 1994; p. 85; 1996b; pp. 25-26; Fabry, 1994; pp. 18-19). The "picture" of our existence in the somatic dimension may contain anatomical entities, physiological functions, and the like. However, we would not be able to "locate" the same entities in the realm of the psyche. The mind is the "seat" of cognition, perception, conscious thought, evaluation, reasoning, intelligence, etc. While these phenomena can be projected into the physical realm where they would have their physiological correlates, it would be difficult to distinguish them solely on the basis of physiological processes (i.e., neural mechanisms; Frankl, 1996b).

In this light, said Frankl, we are now in a better position to understand the body-mind problem, "...although we are far from being able to solve it" (Frankl, 1996b; p. 26): If we project ourselves into a two-dimensional realm, we are confronted, on the one hand, with a closed system of physiological reflexes, and, on the other hand, with a closed system of psychological reactions. Repeatedly, we find a contradiction in the projections. However, openness is another facet of human existence. And, thus, openness to the world. To be fully human means to be able to respond to being called and awaited by something or someone other than our own selves (Frankl, 1996b).

> Yet, it is important to realize that phenomena in all dimensions are equally relevant to our understanding of our existence. In scientific research it is always necessary to project human phenomena into one or the other dimension. Sciences have right for such projection because their purpose is to explore the various aspects of our being. If I may say so, sciences always 'filter' their range from the

spectrum of reality. In such cases projection is legitimate and necessary. However, it is also imperative that sciences recognize that their scope is limited by the range they have selected and to acknowledge this in the course of the investigation (Frankl, 1996b; pp. 27-28).

B. The Subject-object Dichotomy

With respect to the subject-object dichotomy, Frankl (1996) wrote that, from the very beginning of civilization, man dreamed about being with others in spirit. In the ancient legends, the lover's soul departs from his or her body to join the beloved person, wherever he or she may be. Such ideas are questionable as long as we regard the soul as being confined to time and space. However, when I think of my sister, who lives in Australia, I am not only thinking about her in my mind. My spirit reaches out to her and touches her in love (Frankl, 1996b). This is possible only if we consider the spirit beyond the constraints of the dimensions of time and space. In other words, the spirit is not "inside" or "outside" of our bodies; just as love does not belong to our inner-, or outer-world. In spirit, we can be "with" someone (Frankl, 1996b; p. 206).

According to Frankl, the subject-object dichotomy is misleading if we consider human beings as three dimensional entities. Frankl (1996b; pp. 207-208) compares the concepts of subject and object to a "Yin-yang" symbol. At one dimension, it is possible to say that subject and object are separate, similarly, as black and white in a Yin-yang symbol can be delineated in space and time. However, if we take the Yin-Yang symbol as it is, a symbol, then its reality transcends time and space and cannot be fully captured within the dimension of "black and white," alone. "Yin" cannot exist without "yang;" and "yang" cannot exist without "Yin." Similarly, while the subject-object dichotomy is part and parcel of the human condition, the whole of human existence can not be described along one dimension alone. In the light of existentialist and phenomenological thought, existence can be understood as a dynamic process of explication and clarification as we strive to reach our aspirations--through interacting with others--and as our phenomenological fields evolve.

III. Logotheory as a Philosophical Perspective

From Frankl's (1996b, 1994, 1986, 1981, 1972, 1967) writings we can discern that he defined his theory directly in response to *nihilism*, *reductionism*, *pan-determinism*, *solipsism*, *psychologism*, and *spiritismus*. Below, I will summarize Frankl's position in relation to these views.

Nihilism ("a viewpoint that traditional values and beliefs are unfounded and that existence is senseless and useless" [Merriam-Webster, 1994; p. 497]) and reductionism (a position that considers higher-order phenomena superfluous) in Frankl's (1996b) views are represented by the idea of considering human beings as 'nothing but' entities existing along two dimensions; the dimensions of the body and the mind, and disregarding the spiritual dimension of human existence. Nihilists and reductionists project the totality of human existence into two dimensions and explain every human act and decision on the basis of mechanisms and processes in the domain of the body and the mind. They dismiss the possibility of examining phenomena from multiple perspectives and synthesizing emerging views in order to grasp the fullness of human experience. An example of reductionistic thinking is provided by Lukas (1986). The following example was written in critique of a psychoanalytic point of view, according to which human motherly love and self-sacrifice can be explained on the basis of drives and instincts similar to those found in animals:

> [In an experiment] Rats were shown various objects from which they were separated by an electrically charged wire net. First, a sexually deprived rat faced a rat of the opposite sex. The rat immediately crossed the net to meet its partner, receiving the shock. When put back to her original place she did not try it a

> second time. the sex partner did not tempt her to experience the electric shock the second time.
>
> In a second experiment a starved rat was facing food. The rat crossed the wire a few times but gave up as soon as its worst hunger was stilled.
>
> In a third experiment a rat mother faced one of her young, separated by the electric net. The rat kept running to her young, regardless of how often she was put back, until she was dead. From these experiments it was concluded that the mother instinct was stronger than self-preservation, and this again, stronger than the sex drive.
>
> So far so good. But some depth psychologists drew conclusions according to their own concept of human nature. "Ah," they said, "what human parents do for their children also is done not out of selflessness and love, but to gratify their own strongest drive, the maternal instinct. All sacrifices of a mother are made because of the pleasure she gains by gratifying her strongest instinct." Mother love reduced to the simple gratification of a drive!" (Lukas, 1986; p. 16).

Pan-determinism is "...the doctrine that acts of the will, natural events, or social changes are determined by preceding events or natural causes" (Merriam-Webster, 1994; p. 213). A pan-deterministic view of human existence ensues when one projects the three-dimensional nature of human existence into the dimensions of the body and the psyche alone. Both of these are closed systems, which means that the range of responses within each one of them is limited. According to a pan-deterministic view of human nature, "...human behavior is determined by genetic predisposition and environmental influences" (Frankl, 1996b; p. 222).

While such projection into the domain of closed and pre-determined physiological and psychological processes would recognize the existence of automatic responses, it would fail to consider instances when we can make our own decisions and develop our "authentic selves" as opposed to our "automatic selves"' the latter being based on our past learnings (Kathami, 1996; p. 3). Pan-determinism would ignore the possibility of us deciding how to react to unfavorable environmental or genetic predisposition (Lukas, 1984). Lukas (via Barnes, 1995c, p. 10) summarized these response possibilities illustrating that even if we receive a "negative input from the environment, we are free to transform it into a "positive output."[3]

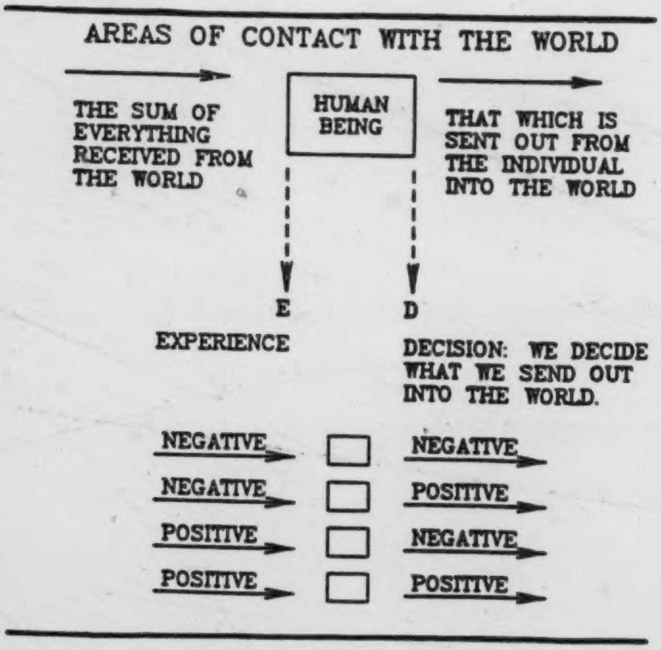

AREAS OF CONTACT WITH THE WORLD
THE SUM OF EVERYTHING RECEIVED FROM THE WORLD
HUMAN BEING
THAT WHICH IS SENT OUT FROM THE INDIVIDUAL INTO THE WORLD
E
D
EXPERIENCE
DECISION: WE DECIDE WHAT WE SEND OUT INTO THE WORLD.
NEGATIVE
NEGATIVE
NEGATIVE
POSITIVE
POSITIVE
NEGATIVE
POSITIVE
POSITIVE

Figure 4. Barnes, R. (1995c). "Logotherapy's consideration of the dignity and uniqueness of the human being." Unpublished Manuscript, p. 10. Hardin-Simmons University, Abilene, Texas.

According to logotheory, we have used our freedom to the fullest when we have managed to transform a negative input into a positive output. This is not to say that logotheory ignores or 'de-values' the relevance of deterministic effects on our lives. On the contrary. It emphasizes that we have to recognize those limitations that we are faced with in the dimensions of the body and the psyche. However, logotheory adds, that, we should not forget that even when it is not possible to change painful things in our lives, in our attitudes we are still free to give our possible best response to them (Lukas, 1984).

Solipsism--the idea that our ability to perceive reality is a mere illusion--is self-defeating, says Frankl (1996b; p. 205), because if our perceptions are invalid, then our actions do not have any influence on the world. In this case, it would not be relevant whether our ability to perceive reality is mere illusion or not. For the sake of parsimony, we could forget about the hypothesis that reality exists.

Frankl (1996b; p. 215) coined the term "psychologism" to alert us to the danger of ignoring the freedom one can have in regards to determining forces, and reducing the origins of all observed behavior to drives within the psychological domain (i.e., past learning, character, etc.). In its very extreme forms, says Frankl (1996b), psychologism can lead to regarding one's spiritual and religious aspirations as neurotic tendencies, something to be cured, and eliminated, rather than understood and used as resources in therapy (Stanich, 1995).

Frankl also warned against "spiritismus" (1992; p. 136), a tendency to consider the dimension of the human spirit in isolation from the dimensions of one's body and mind. In its extreme forms, spiritismus would be present in ignoring one's biological and emotional needs.

Reflections

Frankl (1996b) shed new light on the body-mind problem and the subject-object dichotomy by introducing the dimension of the human spirit as the third dimension of our existence, besides the dimensions of the psyche and the soma. He claimed that the whole of our existence and experiences cannot be grasped unless we consider these three dimensions in unity; not as layers existing on the top of each other, but, rather, as dimensions equivalently constituting the totality of our experience and functioning (Fabry, 1994). While research in the natural sciences and humanities informs us about the qualities and functioning of the dimensions of our soma (body), and the psyche (mental processes), we usually think of the human spirit as belonging to the domain of theology and philosophy. Subsequently, the question that arises is: "How does Frankl introduce the dimension of the spirit into counseling psychology?" Furthermore, "How does he define the characteristics of the human spirit?"

According to Fabry (1994) the introduction and the use of the resources of the human spirit in therapy is one of the factors that differentiates Viktor E. Frankl's logotherapy from other approaches to counselling psychology. Frankl (1975) subsumed his views on the nature of the human person under the title "anthropological foundations of logotherapy." It is this topic to which we now turn our attention.

CHAPTER 3: THE ANTHROPOLOGICAL FOUNDATIONS OF LOGOTHERAPY

> "The heart has reasons the mind knows nothing of "
> (Anthony St. Exupery)

Introduction

Anthropological foundations refer to those assumptions which theorists make regarding the human person. As such, they lie at the heart of personality theories. As we will now turn our attention to some of those tenets which qualify logotheory as a theory of personality, we will examine logotheory's principles which pertain to the nature of human beings. "Who are we as human beings?" and "Who are we as persons?" will be two questions that I have selected to give focus to our current research.

I. The Dimension of the Spirit as the Third Dimension of Human Existence

According to Max Planck (cited in Frankl, 1975; p. 90), there is a reality which is beyond the reach of our methods of investigation, yet, all our investigations point to its existence. Planck referred to this reality as the world of metaphysics, which, he said, "...on the one hand, extends far beyond the causal laws of physics, and, on the other hand, permeates the domain of physical reality" (cited in Frankl, 1975; p. 90). In a similar vein, Frankl (1975) introduces the dimension of the human spirit as a "meta-physical" and "meta-psychological" phenomenon (p. 92).

From our investigations and observations, we are familiar with two domains of our existence. These are (1) the physical dimension; and (2) the psychological dimensions of our being (Frankl, 1975). Frankl (1975) then goes on to explain that, the physical realm in medicine and in psychology is used to denote those aspects of our existence that can be observed, measured, localized, and directly influenced. Our bodies, including the information carried by our genes, neurological and vegetative functioning, as well as those environmental influences that have a direct impact on us are all part of the physical domain of our existence (Frankl, 1975). The realm of the psyche includes phenomena that can not be directly localized in the physical domain. Psychological processes require the complex interaction of numerous biological structures. The existence of psychological processes can be most readily inferred from disturbances to the functioning of our biological mechanisms. In Frankl's logotheory the psychic dimension refers to the mind and mental processes (Frankl, 1975).

Our existence in the psycho-physical domain is more or less determined, says Frankl (1975; 1994b). Namely, it is subject to environmental, and genetic influences, the laws of physical causality and chemical processes. In the dimension of the psyche, our character is shaped by past experiences and new learning in the environment. Therefore, in terms of their possibilities both our bodies and the minds are closed systems whose functioning can be easily interrupted by external or internal factors, such as chemical imbalance, disease, or death.

The third dimension, which, according to Frankl (1975) comprises a meta-physical, and meta-psychological reality, is the dimension of the spirit. The dimension of the spirit is a specifically human phenomenon, says Frankl (1975; 1994b). That is, it can not be found in plants or animals. The spirit is that dimension of human existence which remains healthy no matter what damage the psycho-physical organism has sustained. To avoid the religious connotations of the word "Geist," which translates to "spirit" in the English language, Frankl used the Greek word *Noos* (which refers to mind; Frankl, 1975; p. 90; 1967; p. 135; 1994b; p. 70), to indicate this "specifically human dimension" (Frankl, 1975; p. 90) present in all persons, regardless of what their religious or spiritual orientation, or atheistic bent may be.

We see that logotheory's anthropological foundations rest on a three-dimensional view of the human person. These are the dimensions of the body, the mind, and the spirit. The three realms are not considered to be "components" of the human person

(Frankl, 1975; p. 91). They should not be conceptualized as "layers" that exist on the top of each other, either (Frankl, 1975; p. 91). Rather, as three separate dimensions, which, together, form a unity (Frankl, 1975; p. 91). I have attempted to capture this three dimensional unity in a scheme which can be seen in Figure 5:

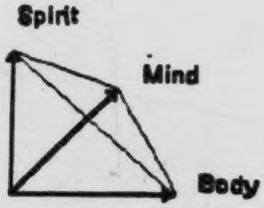
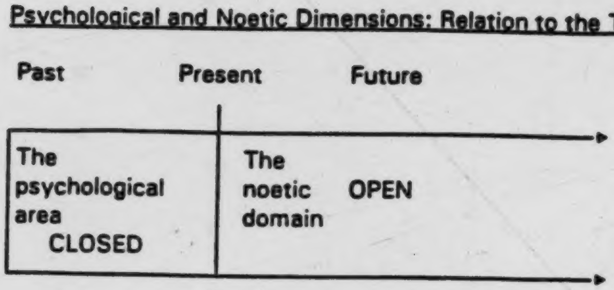


Figure 5: M. Ungar (1998). A schematic illustration of the three dimensions of human existence.

The spirit, according to Frankl (1975), is not substance. It is dynamic. While body and mind refer to entities we "have," the spirit is what we "are" (Frankl, 1975, p. 159). Another distinction between the psycho-physical organism and the spirit is that, unlike the body and the psyche, the spirit does not exist along the dimensions of time and space. The dimension of the spirit is "trans-spacial" and "trans-temporal" (Frankl, 1965; 1967; 1975; 1986; 1994; 1994b; Lukas, 1984; 1995; Barnes, 1995; Fabry, 1994). Stanich's (1995; p. 97) schematic illustration, based on lectures by Frankl, and a seminar by Lukas, is captured in Figure 6:[4]



Psychological and Noetic Dimensions: Relation to the Temporal Axis

Figure 6. Stanich, J. (1995). Noetic and Psychic Dimensions in Clinical Practice and Research. The International Forum for Logotherapy, 18(2), 97.

Frankl summarized logotheory's assumptions about the spirit as the third dimension of our existence in the "*Zehn Thesen uber die Person*" (Ten Theses on the Person; 1972; pp. 108-118). He used the word "person" to refer to us not only having individual characters as a result of our upbringing, and as the consequence of our past choices and decisions, but as individuals, who are, at the same time, capable of change, and life-long development.

Since the ten theses on the person do not appear in Frankl's works in the English language, or in the secondary literature, I reviewed this section from Frankl's (1972) "*Der Wille zum Sinn*" (The Will to Meaning). Below is an abbreviated summary of Frankl's explanation of each of the ten points.

II. Frankl's Ten Theses on the Person[5]

1. "The person is an Individuum" (Frankl, 1972; p. 108). Frankl (1972) explained that the person as a whole cannot be divided because it forms a unity. He went on to

say that in earlier years, schizophrenia was thought to be the manifestation of a "split mind." Clinical psychiatry came to disregard the earlier diagnosis of "split-personality" of another mental disorder, which symptoms are now referred to as 'double-conscience.' We now know that this disorder manifests itself in alternating awareness of distinct identities of the same person. Thus, the "split" refers to the person's level of consciousness with respect to alternate personality states. At the time when Bleuler coined the term schizophrenia, continued Frankl (1972), he did not refer to a split in the person, either. He used the language of association psychology of his time to indicate that the disorder had to do with a dissociation, a split between certain association complexes in the brain.

2. “The person is not only in-dividuum, but also in-summable” (Frankl, 1972; pp. 108-109). According to logotheory, the person cannot be divided, or built up from the sum of its parts, for the person as whole unity is always greater than the sum of its parts. As such, the person cannot be classified according to height, weight, class, or race. Such classification does not capture the wholeness of the person as a unity. Such classification systems capture the person along only one dimension, and disregard the essence of the person.

By comparison to the person, the organism is easily divisible (Frankl, 1972). Divisibility and differentiation are the prerequisites of procreation. According to Frankl (1972), we have to recognize, that persons cannot be procreated. While our organisms are subject to genetic laws inherited from parent-organisms, a person, a person's spirit, and spiritual existence, cannot be procreated, and cannot be inherited.

3. “Every person is an absolute Novum” (Frankl, 1972; p. 109). Frankl (1972) posited that two cells can merge, however, we cannot say that the parents have become spiritually impoverished as a result of contributing their own cells to the organism of the developing new life. The parents have not contributed from their spirits to the spirit of the child. Thus, we can conclude that two spirits can become very close but they cannot

merge. In his views, then, only the building material can be inherited; the master builder cannot be procreated.

4. "The person is spirit" (Frankl, 1972; pp. 109-113). Frankl (1972) claimed that the person as spiritual being differs from the psycho-physical organism. The latter, the organism, is composed of organs. The organism serves as the instrument of the person. The function of the organism is to enable the person to complete that task which awaits him or her. That is, the task of the organism is to allow the person, a spiritual being, to express itself. As an instrument, the organism by itself, provides means to an end. Therefore, its value depends on the extent to which it fulfills its purpose in service of the person. Yet, a person's value goes beyond a mere evaluation or calculation. Persons have dignity. Dignity is value that goes beyond-- and is therefore, independent--of all vital and social measurements.

In referring to the body and the mind as the instruments of the human spirit, Frankl (1972) often used the metaphor of a violin as the instrument of the musician:

> When the violin is partially broken, then before it is repaired, the fuller, more beautiful expression of the musician's spirit cannot be heard. The better the condition of the violin the better melodies come out of it. We have a responsibility to keep our violin, that is our body and mind in as good a condition as possible so that our true spirit can be expressed in as beautiful a way as can be" (Barnes, 1995; p. 8).

Another illustration of the instrumental relationship between body, mind, and spirit is that of the "telephone receiver" (Barnes, 1995; p. 8). The receiver can be shattered, melted, and destroyed in a number of ways, but that does not change the spirit which was communicated through it, nor alter the existence of the spirit.

In a similar vein, Frankl writes that mental and physical disease cannot harm the human spirit, only its instruments, through which it cannot then express itself the same way as before. According to Frankl (1972), as disease and infirmity cannot affect the human spirit, so is it also resistant to treatments that are intended to improve physical or mental functioning. Frankl's (1972) *psychiatric credo* states that the spiritual person is present behind every mental disease and infirmity. Otherwise, health care professionals could regard their role of treating sick people merely as 'repairing' the 'homme machine' (Frankl, 1972; p. 110).

5. "The person is existential" (Frankl, 1972; pp. 113-114). "Existential" in Frankl's terminology is akin to a "dynamic" mode of being. He claimed that "the person does not belong to the realm of facts." Rather, existence is "facultative" (Frankl, 1972; p. 114). He contrasted the words "facultative" with "factive," to refer to a way of being that implies a constant process of change, as opposed to stagnation. Every moment of our existence represents an opportunity for making a decision. According to Jaspers, we 'exist in our decisions' (cited in Frankl, 1972; p. 114). This statement is in contrast to the theory of drives as the only motivators of human behavior. Freedom in this sense is not freedom *from* something, but freedom *for* something (Frankl, 1972). Freedom entails responsibility. Not only responsibility for one's actions, in a traditional sense, but response-ability; one's ability to take a stand toward events (Frankl, 1972). From an existential perspective, this stand is not only a perspective which one can adopt, but a perspective which one lives.

6. "The person is self-directed" (Frankl, 1972; pp. 114-115). Frankl (1972) explained that in Freud's theory of personality, the "ego is not master in its own house" (cited by Frankl, 1972; p. 114). Rather, the ego (self) is driven by impulses from the id and regulated by social restrictions of the superego. In Freud's views, the id, parts of ego, and superego belong to the domain of the unconscious. However, in Frankl's view, the dimension of the human spirit is an area which extends beyond the boundaries of the superego. Yet, the human spirit, claimed Frankl (1972; p. 115), is, in the last analysis, in

part, an "unconscious spirit," that is, we can not reflect upon its contents, in so far as it remains unconscious. Frankl saw the noetic part of the unconscious as a region in which we are not an ego, driven by an id, but a self--a person relating to others as human beings to be loved and understood rather than things to be used and manipulated.

The noetic realm of our unconscious can be the source of our intuition, faith, belief, love, and willingness to transcend ourselves from the unconscious (Frankl, 1972). Jung (cited in Frankl, 1972; p. 115) pointed to some of these unconscious phenomena, but his mistake, according to Frankl (1972), was that he localized them in the dimension of Freud's drives. Religion, if it is true religion, said Frankl (1972), is a personal decision to reach out to someone, and not the consequence of having succumbed to a drive.

7. "The person is a united whole" (Frankl, 1972; 115-116). In Frankl's view, the person is a three-dimensional entity. With respect to the relations among the three dimensions, he speaks of a "psycho-physical parallelism," and a "noo-psychological antagonism" (p. 116). The meaning of these concepts in logotheory is the following: While the dimensions of the body and the mind exist as facts, and represent the way we are at the present, the noetic dimension calls us to realize our possibilities. Not just the way things "are," but the way things "could be" and "ought to be" (Frankl, 1972; p. 116). Those possibilities, which do not yet exist, represent our future potentials. The human capacity to distance ourselves from our psycho-physical organism and to realize a higher purpose or goal under all circumstances is what Frankl termed as the "defiant power of the human spirit" (Frankl, 1972; p. 116). It is used as a resource in therapy.

8. "The person is dynamic" (Frankl, 1972; p. 116). In Frankl's view, the person does not follow homeostatic rules. To "ex-ist," explained Frankl (1972), means to transcend one's immediate circumstances toward that which "ought to be" or what "should be" (p. 116). According to Frankl (1972), our conscience functions as a "meaning-organ" (p. 116), that is, it deciphers that which is intended. We do not decide what our conscience is telling us, we only decide how we respond to it.

9. "Animals are not persons" (Frankl, 1972; pp. 116-117); for they cannot distance themselves from their immediate experiences in the environment, and cannot transcend themselves. While persons exist in the world, animals exist in the environment.

According to Frankl (1972), if we extrapolate from the analogy of man-animal, and world-environment, we can imagine that there is one further extrapolation possible. That level is the level that we are humanly not capable of accessing. When animals suffer, they do not know what the reason of their suffering is. We as humans can relate their suffering to natural causes, or as imposed by us, for a certain purpose. Similarly, stated Frankl (1972) , there is a world, which is humanly inaccessible. We do not fully know the "raison" of our suffering in the world. Frankl postulated that beyond the level of meanings, there is a level of "supra-meanings" (Frankl, 1972; p. 117). We as humans do not know what this meaning is. Thus, we do not know what the meaning of the whole world is. What is accessible to us is only the "meaning of the moment" (p. 117), which we are called to realize through our everyday decisions and actions.

10. "Persons understand themselves only as they transcend themselves" (Frankl, 1972, pp. 117-118). Furthermore, said Frankl (1972), we are persons only to the extent to which we transcend ourselves; to the extent to which we listen to the voice of transcendence and allow it to resonate and permeate our existence as persons.

Frankl (1972) ended the Ten Theses on the Human Person by summarizing logotheory's view of meaning in life: Meaning, is "like a wall," (Frankl, 1972; p. 118) behind which it is impossible for us to retreat. Whether we are aware of it or not, we are constantly confronted with the meaningfulness of our actions. However, as we cannot fully grasp transcendence, so we can never fully grasp the meaning of life. As long as we live, however, we are in pursuit of meaning. We are in pursuit of something of which we have only dim awareness. We can intuit it as a basic sense of trust, a fundamental belief, that life has meaning under all circumstances. This belief, which Frankl termed the "will to meaning" (Frankl, 1972; p. 118) is the foundation of logotherapy.

Reflections

Allan Ivey (Cited in Estes, 1997) a respected author and influential counsellor educator, once said that he respects Frankl as the humanistic psychologist, because he presents a balanced view of the human person as a physical, psychological, and spiritual entity. To the anthropological foundations of logotheory, Frankl (1972) introduces the notion of the human spirit. In his other writings, Frankl is careful to point out that ignoring the physiological and the psychological dimensions in the treatment of the whole person would lead to "spiritualismus" (Frankl 1967; p. 81; 1992; p. 136). A flagrant case of spiritualismus, he says, would be to think that an endogenous depression was caused by feelings of guilt, and to think that the depressed person must be struggling with a guilty conscience while experiencing the depressive episode (Frankl, 1967). Spiritualismus would be present in the therapist jumping to the conclusion that he or she must confront the client's guilty conscience before the depression will lift. In the light of the above considerations, the question that arises is "How does Frankl balance the "trans-spacial" and "trans-temporal" qualities of the human spirit with our existence in body and mind?"

To answer this question, we must examine Frankl's tenets about the human spirit in greater detail. We also need to extrapolate from the *Ten Theses on the Human Person* to an explanation of logotheory's basic concepts. The purpose of this review will be to identify those tenets which serve as building blocks for therapy, and to create a bridge between Frankl's assumptions about who we are as human beings, to the way of our existence.

CHAPTER 4: BASIC CONCEPTS IN LOGOTHEORY

"There is something that stays awake in us, even when we are asleep"
(Viktor Emil Frankl)

Introduction

According to Frankl (1994; p. 72), there are three principles which can be derived from the Ten Theses on the Human Person. These are the following: (I) we are spiritual beings; (II) we are free; and (III) we are responsible. In a chapter entitled "The Foundations of Logotherapy and Existential Analysis" (Frankl, 1994; pp. 57-114) of the *Logotherapie und Existenzanalyse* (1994; Logotherapy and Existential Analysis) Frankl elaborated on each one of these points in greater detail as he considered them being the major principles upon which logotherapy relies in counselling psychology. Below, I will review Frankl's thoughts about the themes of spirituality, freedom, and responsibility, and their use in therapy.

I. We are Spiritual Beings

A. The Quality of the Human Spirit

In Frankl's (1994) view, the spiritual person can be disturbed, but it cannot be destroyed. Even when one is confronted with fate, one still retains a small area of freedom. Namely, the freedom to bear oneself "this way or that way." Referring to his experiences in the concentration camps, he states, "...and there was a 'this or that'" (Frankl, 1984; p. 102):

> Time and again, there were some who were able to suppress their irritation and overcome their apathy. They were those men who walked through the camp barracks and across the mustering grounds with a good word here and a

> last piece of bread to spare there. They were the living witnesses to this fact: that it was in no way predetermined what the camp would make of one, whether one would become a typical 'KZler' (concentration camper), or whether one would, even in this state of duress, even in this extreme borderline situation of man, remain a human being. In each case this was open to decision.
>
> There can be no question, therefore, that a prisoner did not necessarily and automatically have to succumb to the camp atmosphere. By virtue of that which I have in another context called the 'defiant power of the human spirit,' he had the possibility of holding himself above the influence of his environment. If I still had any need of proof that this defiant power of the human spirit is reality, then the concentration camp was the crucial experiment. Freud asserts, 'Let one attempt to expose a number of the most diverse people uniformly to hunger. With the increase of the imperative urge of hunger all individual differences will blur, and in their stead will appear the uniform expression of the one unstilled urge.' But this still was not so" (Frankl, 1984; p. 102-103).

Frankl (1994) emphasized that the noetic or spiritual dimension cannot get sick and it cannot die. Furthermore, that the spirit exists beyond the limits of space and time, it searches for expression, and it has to express itself. The opportunity for the spirit's expression is contained in life itself. According to Frankl (1994), the noetic dimension contains the essence of life. It is the dimension where we make decisions; where we take stands (even against the limitations of the body and psyche); or, in sum, it is our healthy core. Because the noetic dimension cannot become sick, but only blocked by biological or psychological sickness, our task in therapy is to remove the block and enable the human spirit to fulfill its obligations and tasks.

One of the specific capacities of the human spirit is to reach out to others to touch them in love. It is often said that "love makes us blind." Frankl (1994; p. 79) disagrees. True love, he says, allows us to grasp the beloved person in a two-fold reality. Once, as this person *is* and a second time, the way this person *can be*. We can thereby perceive the unique values and the unique potentials in other people. According to Frankl (1994), love unites our cognitive and emotional functioning.

B. The Contents of the Human Spirit

The dimension of the spirit is the "*medicine chest*" (cited in Fabry, 1994; p. 18) of logotherapy. It contains other resources, besides love, which we are able to marshall to counteract sickness and traumas that life may bring us. Logotheory also recognizes the following resources of the human spirit: *Our will to meaning*; our *goals* and *purpose in life*; our *creativity*; our *conscience* (beyond the superego); our capacities for *choice* (beyond the instinctual); *love* (beyond the physical); our *sense of humor*; our *commitment to tasks*; our *ideas* and *ideals*; our *imagination*; our *responsibility* and *response-ability*; our *self-awareness*; our *compassion* and *forgiveness*; and our *awareness of mortality* (Frankl, 1994; Fabry, 1994; p. 19; Barnes, 1995d; p. 16; and Guttmann, 1996; p. 25).

An example of mobilizing some of the above mentioned resources of the human person (i.e., creativity, commitment to tasks, sense of purpose, ideas, ideals, imagination, compassion, forgiveness, and awareness of mortality) during a therapeutic response can be seen in an example from Lukas (cited in Barnes, 1995c):

> When Dr. Lukas spoke in Sicily, she was taken to a hospital for AIDS patients. The patients were involved in painting icons. Each patient was asked to will his completed icon to someone. In many cases, the beautifully painted icon was willed to someone with whom there was unfinished business. One patient whom Dr. Lukas recalled willed his icon to his father who had rejected him since age eight. The medical staff at the hospital told Dr. Lukas, that, according to the medical records maintained by the hospital, while panting the icons with intentions of willing them to someone, consumption of pain medicine was reduced by 50%, with many patients refusing pain medication altogether during that time. It was also observed by the medical staff that to a phenomenal extent, the patients did not die until the task was completed. It was further observed that

once the task was completed and the icons willed to someone by the patient, the patient no longer fought death (Barnes, 1995c; p. 36).

C. Unconscious Spirituality

In the last analysis, says Frankl (1972; 1975; 1986; 1994), the human spirit is *unconscious spirit*. That is, so far as *we are unable to reflect upon its contents*. Besides Freud's notion of unconscious drives and impulses, Frankl (1972) introduces the notion of unconscious spirituality, the fountain of all conscious spirituality. Unconscious spirituality is not "id" driven.

"While the line between conscious and unconscious is fluid, the line between the psyche and *Noos* [spirit] is firm" (Frankl, 1994; p. 80). Fabry (1994; p. 28) illustrated the distinction between the instinctual and the spiritual, in addition to Freud's distinction between the conscious and the unconscious, the following way: [6]

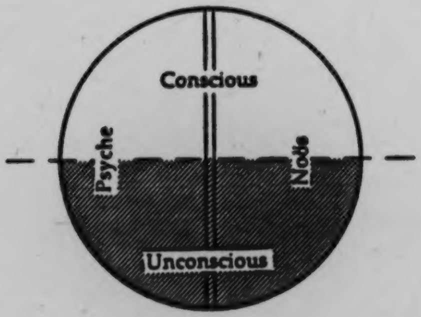


Figure 7: Fabry, J. (1994). The Pursuit of Meaning; Institute of Logotherapy Press, Abilene, TX. (P. 28).

"The line between the spiritual and the instinctual," Frankl states in the *Unconscious God* (1975; p. 26) "cannot be drawn sharply enough." The important distinction is not whether something is conscious or unconscious but rather whether it pertains to the id or to the self--whether it is rooted in our instincts and propels us or whether it emerges from our center and allows us to make our own decisions" (Fabry 1994, p. 29).

According to Fabry (1994) the expansion of the unconscious beyond the instinctual to include the noetic has important consequences for the diagnosis, cure, and prevention of sickness:

> Just as psychoanalysis assumes that drives and instincts that have been repressed and have caused neuroses must be made conscious to achieve healing, so ogotherapy assumes that our will to meaning, when it has been repressed or hwarted and has caused a feeling of meaninglessness and existential frustration, ust be made conscious so life will become meaningful (Fabry, 1994; p. 29).

Thus, while depth psychology emphasizes the focus on unconscious drives in therapy, Viktor E. Frankl's logotheory stresses the resources of the unconscious spirit. According to Frankl, it is necessary to complement depth-psychology with "height-psychology" (Frankl, 1994; p. 86). For, as Paracelsus has said: 'Only in his heights is man truly himself' (Frankl, 1994; p. 86):

> What is needed today is to complement, not to supplement or substitute, the so-called depth-psychology with what one might call height-psychology. Such a psychology would do justice to man's higher aspects and aspirations, including their frustrations. Freud was enough of a genius as to be aware of the limitations of his system, such as when he confessed to Ludwig Bingswagner that he had "always confined" himself "to the ground floor and basement of the edifice" (Ludwig Bingswagner, Sigmund Freud: Reminiscences of a Friendship, New York: Grune & Stratton, Inc., 1957, p. 96; cited in Frankl, 1967; p. 32).

However, Frankl (1994) was also aware of the difficulties in introducing logotheory in our contemporary society:

> In our times, many people don't care about the human spirit and say that they are "fed up" with it. The nihilism of our time reflects this "having had enough" of the human spirit. Schools of psychotherapy had to counteract this trend in our society. Freud once said that mankind has always been aware of the existence of the spirit and that he had to point out that man has drives, too. It seems like the task that faces us today is to help man have the courage to be spiritual; that is, we have to remind people that they have spirits and that they are spiritual beings. Especially, when we see so many people suffering from the collective neuroses of our time! (Frankl, 1994; p. 86-87).

D. The Function of Unconscious Spirituality

Moral conscience, esthetic conscience, and intuitive conscience (Frankl, 1994; p. 79) are three functions found within the realm of unconscious spirituality which help us discern "truth," "beauty," and "goodness" in particular situations. Conscience, as 'specifically human phenomenon,' writes Frankl (1994, p. 79), is not the mere consequence of learning processes, father images, or anything else. Although conscience is influenced by training and outside influences, it cannot be reduced to those influences. Frankl (1994; p. 78) defines conscience as "...a capacity to find out, and to sense the unique meaning gestalt inherent in a situation, or 'what is necessary' in a situation." Conscience helps us discern unique meanings inherent in life situations.

E. Spirit and Meaning

Logotherapy rests on the belief that our being is meaning-oriented (Frankl, 1994). Three definitions of logotherapy are that logotherapy is "therapy through meaning" (Barnes, 1995d; p. 4); "health through meaning; and "growth through meaning" (Barnes, 1994). The dictionary translation of the Greek word logos is "the controlling principle of the universe" or, in theological terms, "the word," or "will of God" (Fabry, 1994; p. 16). Frankl translates *logos* as meaning. According to Fabry (1994), "...if this translation is accepted, then meaning is the controlling principle of the universe; it is at the center of life toward which we all move, consciously or unconsciously" (p. 16). Or, as Frankl once stated, our *Noos (spirit)* needs *Logos (meaning;* Barnes, 1995d; p. 23) .

Frankl (1994) refers to situation, time-, and person-specific meanings as the "*meaning of the moment*" (Frankl, 1994; p. 79). Meanings of the moment fit into a greater plan, the plan of "*ultimate meaning*" ("Uber-Sinn;" Frankl, 1994; p. 82). Ultimate meanings are not accessible to our conscience, or our intellects; they exist in a dimension which our human understanding cannot access. For example, the meaning of a disease or suffering will always be "hidden from our eyes" (Frankl, 1994; p. 82).

Frankl (1994) cautions that to discuss ultimate meanings in therapy is illegitimate. We cannot understand "why" tragedies happen in life. What we can discern is only "what" our best response can be, under the circumstances. That response is the "meaning of the moment," awaiting to be fulfilled by us, and by us only. At the level of ultimate meaning" Frankl (1967) says, we can only talk about a "Basic Trust in Being" (p. 65).

An example of the counsellor's task to focus on meanings of the moment, instead of ultimate meanings can be seen in the following case reported by Barnes (1993):[7]

> In February, 1992, a family came to my office whose little girl had been killed one day before her fourth birthday. I knew the circumstances they were coming to talk to me about, and I thanked God for the experiences in my life that prepared me to help this family. The grief stricken mother, father, and a 13 year old brother told me about that tragic day. A neighbor lady had stopped by on her way to the grocery store to see if Mrs. Smith needed anything, "Let me go with you," Mrs. Smith said. "Sally's fourth birthday is tomorrow, and I need to get some things so I can bake a birthday cake for her." While Mrs. Smith was getting her purse, Sally ran outdoors so she could go too. Unfortunately, the neighbor lady had left the engine of her car running. In a flash, little Sally had jumped into

> the car, pulled the gear shift into reverse, and was thrown out of the open door as the car began to back up. Almost hysterically Mrs. Smith told the story. "When I came out of the house, the car was backing round and round over my precious little girl's body. I screamed and ran to her," Sally's mother said. "I scooped her up in my arms. Blood was coming out of everywhere--her ears, her nose, her mouth. She couldn't talk, but she was still breathing. Her eyes were looking right into mine." Sobbing in my office, little Sally's mother said, "I can't get that sight out of my mind, Dr. Barnes. I can't even go to sleep at night. I just keep seeing all that blood, and I see her eyes looking into mine. Then she died. Why did I have to be the one, why did I have to see my child bleeding and dying and not able to speak? Why me?"
>
> I took Mrs. Smith's hand into mine and said, "I am sorry for your pain. Truly, I am. I'm sorry for the loss of your precious child. I am sorry it was you who had to see that blood and live with that memory. And yet, I am so thankful it was you who held Sally in the last moments of her life. She had come through you, and before she returned to her heavenly father, she knew she was in her mother's arms. She could no longer speak, but she could see. I'm so glad it wasn't a stranger who held her as she drew her last breaths. I'm so glad she knew she was in the arms of her mother."
>
> "Oh, Dr. Barnes," Sally's mother said. "I hadn't thought of it that way. I'm glad it wasn't a stranger who found her and held her as she died. I'm thankful I could be the one. Seeing it this way, I can live with my memory now" (Barnes, 1993; pp. 20-21).

Another term that Frankl (1967; p. 65) used in relation the concept of "*Uber-Sinn*," or "ultimate meaning" was "super-meaning," to indicate that such meanings exist in the supra-human dimension. In Fabry's translation of Frankl's books, another term that appears interchangeably with ultimate meaning is "supra-meaning," (Fabry, 1994; p. 150) which is identical with Frankl's notion of super-meaning. Frankl used these terms interchangeably to convey that ultimate meaning and supra-meaning is not comprehensible with the presently available scientific means we have (Guttmann, 1996). Nevertheless, Frankl (1994) believed that life presents us with opportunities when we are able to discern the existence of this special dimension of meanings. He quotes Maslow (1966), who referred to such experiences as "peak experiences."

Guttmann (1996) captured Frankl's understanding of ultimate meanings by all people very eloquently as he wrote:

> People are capable of glimpsing for a fleeting moment the mysteries of nature; feeling an exultation and sensing a beauty that cannot be expressed in words, For some individuals these moments can be provided by music, for others by arts, and for still others by nature. This is why we speak of a "Divine gift" (like in the music of Mozart or Beethoven, for example). Or it can be the result of a special encounter with another human being. In all such instances we feel elation, a wonder, that can give us a fleeting insight into the great force or order that moves this world (Guttmann, 1996; pp. 36-37).

Frankl (1994) emphasized that meanings cannot be "given" by therapists to clients (Frankl, 1994). They must be individually discerned and discovered. The logotherapist's role is to illuminate those areas in which meanings can be found (Fabry, 1994). Frankl (1994) is careful to point out that, in the search of meaning, our conscience, being genuinely human, has the ability to err: It can not only guide us, it may mislead us. Even more, we can never fully know whether it has been the true meaning to which we have committed ourselves. Yet, the possibility of error does not release us from the necessity of trying. Frankl quotes Gordon W. Allport, who expressed this uncertainty in a forceful, yet uplifting manner: 'We can be at the same time half-sure and whole-hearted' (cited in Fabry, 1994; p. 69).

II. We are Free

A. Freedom and Fate

According to Frankl (1994), freedom and fate do not belong to the same dimension. Although our existence is influenced by causality and deterministic laws, there is always an area of freedom which remains available to us in relation to (1) drives; (2) genetic inheritance; and (3) the environment. "Man," writes Frankl (1994; p. 91), "is not less and not more than the product of all these three; drives, genetic inheritance, and environmental learnings. But man is also free to decide, and thus to take a stand toward these factors." Our psychological processes, such as thoughts, cognitions, and emotions are determined. They depend on our mood states, learnings, expectations, etc. According to Lukas, (1995), by focusing on the dimension of the spirit, logotherapy complements the area of "fate" with that of "freedom--"the freedom of our attitudes. Lukas's (1995; p. 160) illustration is seen in Figure 8:[8]

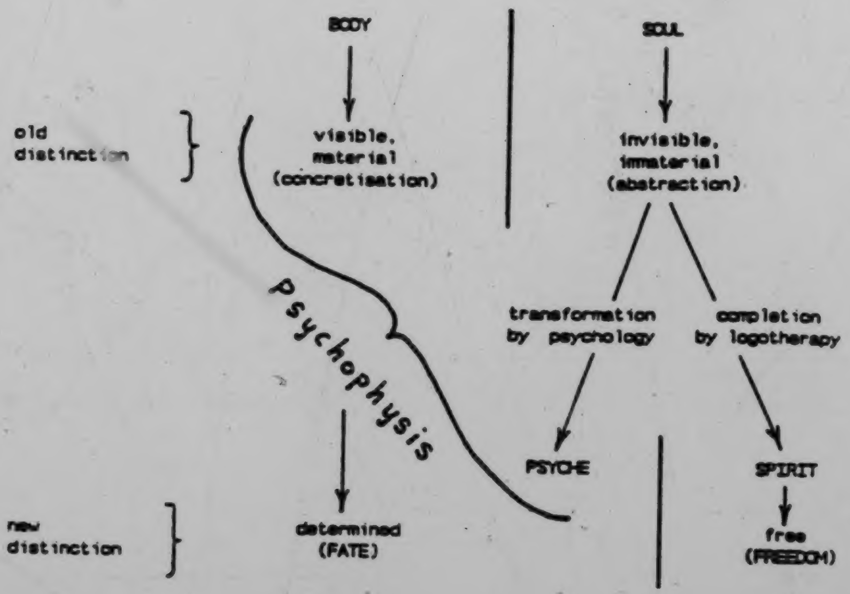

BODY
SOUL
old distinction
visible, material (concretisation)
invisible, immaterial (abstraction)
transformation by psychology
completion by logotherapy
Psychophysis
PSYCHE
SPIRIT
new distinction
determined (FATE)
free (FREEDOM)

Figure 8: Lukas, E. (1995). Psychological Ministry. Unpublished Manuscript. Translated from the original ("Psychologische Vorsorge") by Weltrand Schulte. P. 160.

B. Personality Development

The influence of genetic inheritance in a person is apparent in one's *biological type* (i.e. height, weight, blood serum, etc.; Frankl, 1994; p. 94). On the basis of our behavior in response to drives and learnings in the environment, we can also be identified as having a certain psychological *character* (Frankl, 1994; p. 94). No matter what our biological type and character might be, we can still develop our unique personality. The kind of *person* (Frankl, 1994; p. 94) we become depends on what attitude we take toward our biological, environmental, and genetic endowments.

In the development of behavior patterns, Frankl (1975; p. 204) talks about a sequence of potential-act- and habit (*"potentia-actus-* and *habitus"):* Those potential response patterns that we usually choose over others--the ones we consciously actualize--come to be integrated into our character and, over time, become our habits; basic motivating forces, much like our drives. Fixed as a pattern, they provide our characteristic behavioral responses.

We as persons have numerous possibilities available to us at every moment. Because of our previous learnings and habitual response patterns, we might not be aware of different possibilities, or may have difficulty choosing a response that does not really fit into our repertoire of usual and habitual responses. Logotheory recognizes that we may habitually choose certain response patterns over others, mainly because they have led to desired responses in the environment. These responses, on the other hand, may be rigid, habitual, and effective in the short-run, but not result in reaching our long-term goals. Yet, we chose these responses over others because they provide comfort and reduce the anxiety of having to make our own decisions in response to our unique life-situations (Lukas, 1989; p. 67).

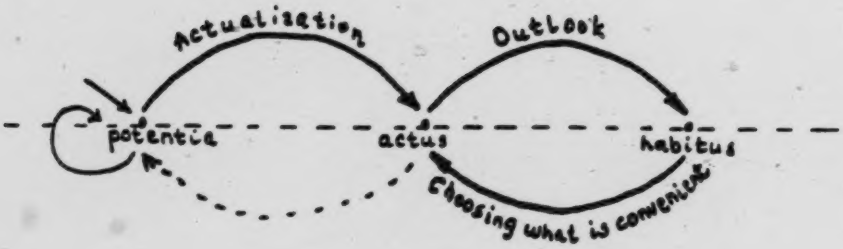


Figure 9. Adapted, translated, and modified from Lukas, E. (1989). *Psychologische Vorsorge*. Freiburg. Herder. (P. 67)

While choosing the same response styles and patterns over and over can lead to certain habits, habits do not automatically have to lead to certain behaviors. Decisions that we have to make at the spur of the moment tell much about the kind of people we are, but they do not necessarily reflect the way we can be. At every moment of our lives, we can choose to respond differently. The possibility of a new reaction represents a potential. If we choose to nurture this potential, it can lead to new styles of behavior. Human ability to choose one, better, response over another, less productive response represents the root of all healing, growth, and development (Lukas, 1989; p. 68).

Frankl claimed that potentials, like habits, are not at the fully conscious level of awareness. On the other hand, we are fully conscious of our actions. Growth in logotherapy is enhanced by making unconscious contents more conscious (Fabry, & Lukas, 1995; p. 79). Rather than focusing on what is wrong with us, logotherapy emphasizes what is right with us, through drawing attention to our ability to respond to the meaning-potentials that are available to us at each moment of our lives (Barnes, 1995d).

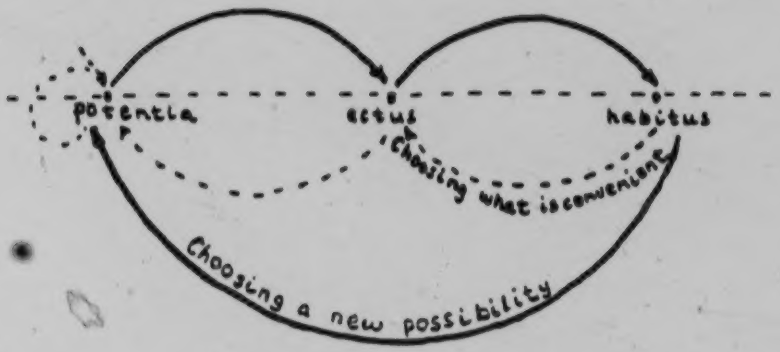

potentia
actus
habitus
Choosing what is convenient
Choosing a new possibility

Figure 10. Adapted, translated, and modified from Lukas, E. (1989). Psychologische Vorsorge. Freiburg, Herder. (P. 68)[10]

According to Frankl (1994), we can take life's events as causal determinants, and consider our character and our habitual response patterns as pre-determining forces. In this case, however, we ignore a dimension in which we not only *are* but in each moment can decide what we are going to *become* (Frankl, 1994; p. 90). Logotheory emphasizes that through our response to events, we can change a "causal link" of pre-determining forces. We can never have *freedom from* determining forces in our lives. But we are always *free to* transcend them toward meaningful goals (Lukas, 1989; p. 142).

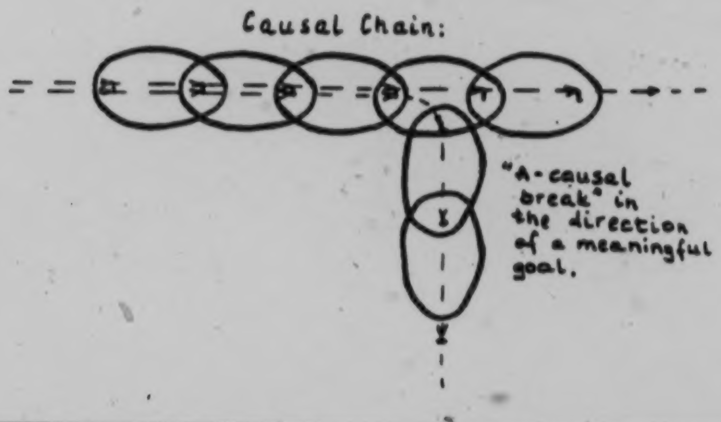

Causal Chain:
"A-causal break" in the direction of a meaningful goal.

Figure 11. Adapted and modified from Lukas, E. (1989). Psychologische Vorsorge. Herder, Freiburg. (p. 142)[11]

Frankl (1994) expressed the view that all persons have the power and the freedom to rise above their former selves and become different, better. But even he was amazed at a dramatic example that came to his attention after the war:

> Let me cite the case of Dr. J. He was the only man I ever encountered in my whole life whom I would dare to call a Mephistophelean being, a satanic figure. At that time he was generally called "the mass murderer of Steinhof," the name of the large mental hospital in Vienna. When the Nazis started their euthanasia program, he held all the strings in his hands and was so fanatic in the job assigned to him that he tried not to let one single psychotic individual escape the gas chamber.
>
> After the war, when I came back to Vienna, I asked what had happened to Dr. J. "He had been imprisoned by the Russians in one of the isolation cells of Steinhof," they told me. "0n the next day, however, the door of his cell stood open and Dr. J. was never seen again." Later I was convinced that, like others, he had with the help of his comrades made his way to the South America. More recently, however, I was consulted by a former Austrian diplomat who had been imprisoned behind the iron curtain for many years, first in Siberia, and then in the famous Lubanka prison in Moscow. While I was examining him neurologically, he suddenly asked me whether I happened to know Dr. J. After my affirmative reply he continued: "I made his acquaintance in Lubanka. There he died, at about the age of forty, from cancer of the urinary bladder. Before he died, however, he showed himself to be the best comrade you can imagine! He gave consolation to everybody. He lived up to the highest conceivable moral standard. He was the best friend I ever met during my long years in prison!" (Frankl, 1963, pp. 207-208).

III. We are Responsible

A. Meaning-orientation

In Frankl's (1975) view the first question that we have to consider in order to understand the reason of our responsibility is this: "Whether we as human beings are in pursuit of happiness, or in pursuit of meaning? He then continues: "If one's goal is to be happy, then that goal can never be fulfilled. The moment one aims at happiness, one misses it. And the more one thinks about happiness, and reflects on happiness, or to the extent to which he or she is happy, happiness vanishes; it gives its place to attention and worry" (Frankl, 1975; p. 10). Happiness, says Frankl, eludes us when we directly seek it. For it can only be the by-product of our actions and not a goal in itself. To truly exist, "...means to transcend oneself toward a meaningful goal. That is, to empty oneself for the sake of a higher purpose. Man truly finds himself only at the moment he is ready to lose oneself to such a task. Indeed, Kierkegaard was right when he said that 'the door to happiness is a one-way door; it opens only to the outside.'" (Frankl, 1975; p. 10). As illustrated in Figure 12, Frankl suggested that, rather that being pleasure, or power oriented, we are meaning-oriented beings.[12]

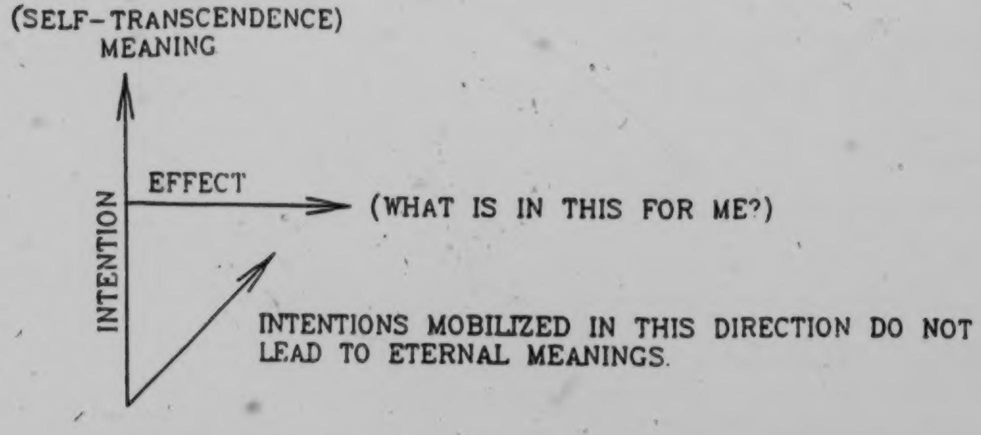

(SELF-TRANSCENDENCE)
MEANING
EFFECT
(WHAT IS IN THIS FOR ME?)
INTENTION
INTENTIONS MOBILIZED IN THIS DIRECTION DO NOT LEAD TO ETERNAL MEANINGS.

Figure 12. Barnes, R. C. (1995). Logotherapy and the human spirit. Unpublished Manuscript, p. 21. Hardin-Simmons University, Abilene, TX.

Logotheory purports that pleasure and power cannot be ends in themselves. The more one seeks them the more they are missed. For they can only be the by-products of having found meaning in life. Meanings are not invented, they cannot be created, either. Meanings have to be discovered, "similarly as one can discern a figure from the ground" (Frankl, 1994; p. 92). Our conscience is a 'meaning-organ' that guides our search for meaningful goals. We cannot influence what our conscience is telling us. We can only choose whether and how we want to respond to what our conscience is telling us. Therefore, says Frankl (1994), we are primarily responsible to our own conscience.

B. Freedom and Responsibility

The relationship between freedom and responsibility was illustrated by Lukas (1995). Fate, as opposed to freedom, refers to those events over which we have no control. In Frankl's (1994) teaching, we always retain an area of freedom, despite fate. Our area of freedom lies in our response to events that cannot be changed. If all of our actions were subject to the deterministic forces of fate, we could, under no circumstances, be held accountable for our response. Fate, without freedom, implies no responsibility. Only freedom entails responsibility. Fabry (1994; p. 121) once said that "...responsibility without freedom is tyranny." Similarly, one might add that freedom without responsibility leads to anarchy. Anarchy, on the other hand, can lead to "boredom, anxiety, and neurosis" (Fabry, 1994; p. 121). Lukas's (1995; p. 164) illustration of the difference between the areas of fate and freedom and responsibility can be seen in Figure 13.[13]

FATE	FREEDOM
defined as that regarding which we have no choice at a particular time	defined as that regarding which we are free to decide at a particular time
for example:	for example:
social and environmental factors; positive and negative accidents; physical factors; emotional factors	one's own arrangement of one's environment; conscious responses to accidents; taking a stand
(emotions)	*(attitudes)*
NO RESPONSIBILITY	**RESPONSIBILITY**

Figure 13. Lukas E. (1995). Psychological Ministry. Unpublished Manuscript, p. 164. Translated from the original ("Psychologische Seelsorge") by Weltrand Schulte.

C. Unconscious Spirituality and Responsibility

When conscience is projected into the psychological dimension, it appears as a phenomenon similar to the super-ego (Frankl, 1994). However, Frankl's (1994) notion of the super-ego is not identical with the super-ego (Uber-Sich) in Freud's theory. According to psychoanalytic theory, the super-ego's function is to impose rigid rules on the individual. In Frankl's (1994) terminology, super-ego functions rather as "*supra-ego*," (Uber-Ich; p. 99) a dimension, which reaches beyond the self into the transcendent. Frankl (1994) illustrates the difference between his notion of the "supra-ego" (Uber-Ich) and Freud's "super-ego" (Uber-Sich) with the following example: Freud stated that the image of God is an introjected father image. However, the first concrete image of God that is available to the child is that of his parents. Therefore, in an ontological sense, the experience of God is the archetype of parenthood, and not vice versa (Frankl, 1994; 1975b; 1984b).

Archetypes, according to Frankl (1994) do not capture the fullness of reality, yet, they convey to us more than just pictorial representations of reality. He refers to archetypes as the "negatives" of reality. "Archetypes dating back to the very beginnings of our civilization depicted a mystical unity with God. However, we cannot talk *about* God," says Frankl, "we can only talk *to* God" (Frankl, 1994, p. 93). When we talk to God, we do not talk to God as an "It." Using Buber's terminology, Frankl asserts that during our conversations with God, "...conscience is the place of our most intimate soliloquies with God's Thou" (Frankl, 1994; p. 112).

Frankl asserts that, in an ontological sense, we are responsible not only to *something* (to our conscience). We are also responsible to *Someone*. Namely, "...we are responsible to a transcendent 'Thou' to which many people refer as God" (Frankl, 1994, p. 113).

D. Ability to Respond

Frankl (1994; p. 113) differentiates *responsibility* from *response-ability*. Most of the time, he says, we are not aware of our ability to respond (response-ability) to the call we discern through the voice of our conscience. In this respect, he compares human existence to a "stage" (Frankl, 1194; p. 113): We, the actors on the stage, do not concentrate on the audience during the play. While we play our role, we are blinded by the lime-light, and we do not see the audience sitting in front of us in the pews. However, we intuitively know that the audience is present--that not one of our actions go unnoticed. Neither do we have complete freedom on the stage. We depend on external authority. For example, the director of the play may assign what role we are to play. The role we have to play represents our responsibility on the stage.

However, responsibility means that we also have an area of freedom. This is true. Because, while we are on the stage, we can freely choose how we will act the part that was assigned to us. It is up to us, whether we will do brilliantly or poorly on the stage. This *responsibleness* cannot be imposed because it results from our own decision. Responsibleness is our ability to respond to our circumstances. According to Frankl (1994), everything can be taken away from us except this last area of freedom. The freedom to assign meaning to our experiences.

E. The Basic Trust in Being

Because we have an intuitive awareness of meanings to be completed by us, Frankl (1994) concluded that "we can be more religious, more spiritual, and moral than we can appear, not only to others' eyes, but even to our own eyes" (Frankl, 1994; p. 113). 0ur dreams, myths, and symbols all point to a "Basic Trust in Being"(Frankl, 1994; p. 113). However, the ground of this trust cannot be reduced to the level of Jungian archetypes. Unconscious spirituality, morality, and religion, like an inner call, must be continually heard and brought to consciousness.

With respect to the *uniqueness* and the *universality* of our experience of meaning, Frankl (1994) gave the following illustration: "No one would view two similar photographs and conclude that the second picture was developed from a copy of the first picture's negative. Instead, we would think that the two snapshots were taken in close proximity and captured the same state of events" (Frankl, 1994; p. 113). Although our dreams and archetypes are similar, they all convey our unique sense of that which "...stays awake in man, even when he is asleep" (Frankl, 1986; p. 58).

The following example illustrating the expression of unconscious spirituality in dreams can be found in Frankl's (1975b) "*The Unconscious God*."

Case 1: Mr. K. dreamed that his father handed over some saccharine to him, but he proudly refused it with the remark that "...he would rather drink coffee or tea bitter than sweetened with some sort of sugar substitute" (Frankl, 1975b, p. 43). When Dr.

Frankl asked him to free-associate to the dream, Mr. K. reported the following: "...handed over--tradition; but the tradition I got from my father is our religion" (Frankl, 1975b; p. 44). He continued to say that the evening before the dream he had read a magazine article recording a dialogue between an existential philosopher and a theologian. The argument of the existential philosopher seemed very plausible to him and he was very impressed by the philosopher's rejection of existentially inauthentic religiosity, in particular, where the philosopher "...refused to flee into a realm of belief and dream" (Ibid, p. 43), and where he exclaimed: "What sort of motive is it to want to be happy? What we want is truth" (Ibid, p. 44). The same evening, Mr. K. reported hearing a radio-sermon which he felt somehow to be "cheap consolation" and "sweetish" (Ibid, p. 44). It turned out that at one point that in the magazine article the question was asked, "What is it like when the taste for living is lost?" (Frankl, 1995b, p. 44). Frankl explained that, with that in mind, we can understand quite well why, in the thinking of Mr. K., existentially inauthentic religious tradition was associated with the realm of taste, and why the image chosen in the dream was the sugar substitute saccharine, taking the place of genuine sweetener: "This choice of symbols became fully clear when we learned that the patient's good-luck piece was a religious icon, and that he disguised it from unwanted viewers by carrying it in a small wooden box which originally had served as a package for saccharine" (Ibid, p. 44). In his conscious life Mr. K. attempted to follow that which in his unconscious spirit he already knew to be true: he refused inauthenticity.[14]

Reflections

According to Stanich (1995) "Frankl revolutionized psychology by introducing the issue of noetic vs. psychic dimensions" (p. 98). While it is relatively easy to distinguish between the dimensions of the body and psyche, the difference between psyche and spirit appears to be less clear.

Summarizing the previous review on the basic concepts and tenets of logotheory, however, allows us to outline four distinctions between these two dimensions (also mentioned by Stanich, 1995; p. 98): (1) fate vs. freedom; (2) susceptibility of the body and psyche but intactness of the spirit; (3) pleasure orientation vs. meaning-orientation; and (4) character vs. personality. According to Stanich (1995), "these four components are not dichotomous opposites, rather, each belongs to a specific, principally different dimension--the psychological and the noetic, respectively" (Stanich, 1995; p. 98). Stanich (1995) illustrated the difference between the psychological and the noetic dimensions schematically with respect to the concept of time. Figure 14 can be compared with Figure 6. Figure 14 gives us more detailed information on what characteristics of the human spirit therapists can use in practice, in addition to relying on what is available if one considers the dimension of the psyche:[15]

Components of the Psychological and Noetic Dimensions

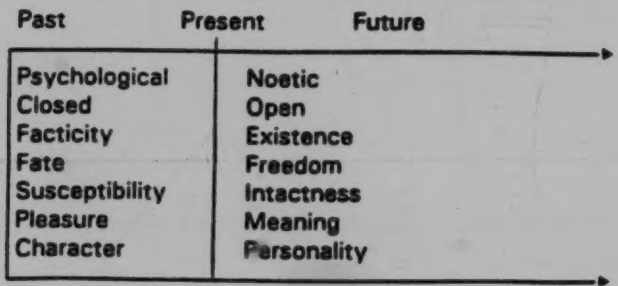


Figure 14: Stanich, J. (1995). Noetic and Psychic Dimensions in Clinical Practice and Research. The International Forum for Logotherapy, 18 (2), p. 98.

In his writings, Frankl (1972; 1975; 1975b; 1986; 1994) appears to make a fine distinction between spirit, spirituality, and religion. He says that every person exists in spirit, as well as in body, a mind. Spirituality can be seen in every person's quest for meaning which is possible in numerous ways; from seeking greater integrity of the self and increased understanding of the world through nature, the sciences, or reaching out to others in love. However, Frankl's understanding of religion and its relation to spirituality, and its use in therapy appears to require further explanation.

In the *Unconscious God* Frankl (1975b) mentions that authentic religiosity is characterized by deep spirituality. However, according to Hague (1995) there are two perspectives from which one might define religion. One way of understanding religion has to do with religion as something organizational--belonging to a religious organization, and membership in a group which upholds a creed--referring to a set of beliefs; a code--an array of moral rules; and cult--a collection of ritual practices.

> The second meaning of the word religion does not emphasize belonging to a particular group; it can be understood as a personal search for the transcendent, for what goes beyond the everyday, short-term, immediate to the experience of living in all the dimensions of being human, transcending the immediate for an appreciation of the larger picture of one's own life--the "more beyond" that usually takes shape in the form of meaning and purpose in life, the great themes in the vast drama in which one is by birth invited to take role. This broader experience is usually called spirituality--the sense and practice of the numinous, the mysterious, that which is too great to comprehend--the transcendent (Hague, 1995; p. 13).

Like Frankl (1972; 1975b), Hague (1995) states that "...spirituality may find expression in religion; religion at its best will be deeply spiritual...." However, while Frankl (1972; 1975b) does not elaborate on the relationship of religion and spirituality, Hague (1995) claims that "spirituality is quite different from organized religion" (p. 13). Hague (1995) explains that spirituality goes beyond strict boundaries of "inside" and "outside" of a group, and "...does not stop with cozy, comfortable feelings or mystic, rapturous experiences. It affects our behavior" (Hague, 1995; p. 13).

In the light of Frankl's (1975b) views on authentic religion, and Hague's (1995) explanation of perspectives on religion, spirituality, and life meaning, would it be possible to state that spirituality, when it is lived, can provide the foundation of religious teachings and doctrines? For if so, then, we can also state that spirituality and authentic religion can merge to the extent to which one's actions go beyond obeying a set of religious beliefs and creeds to realizing one's unique tasks in a variety of circumstances. In logotherapeutic terms, that would mean that authentic religion and spirituality may go hand in-hand, resulting in meaningful actions. To validate this conclusion, let's consider the following example reported by Frankl (1967):

> Shortly before the United States entered World War II, I was called to the American consulate in Vienna to receive my immigration visa. My old parents expected me to leave Austria as soon as the visa was given. However, at the last moment, I hesitated: The question of whether I should leave my parents beset me. I knew that any day they could be taken to a concentration camp. Shouldn't I stay with them? While pondering this question I found that this was the type of dilemma which made one wish for a hint from Heaven. It was then that I noticed a piece of marble lying on the table at home. When I asked my father about it, he explained that he had found it on the site where the National Socialists had burned down the largest Viennese synagogue. My father had taken this marble piece home because it was part of the tablets which contained the Ten Commandments. The piece showed one engraved and gilded Hebrew letter. My father explained that this letter is the abbreviation for only one of the Commandments. Eagerly I asked, "Which one is it?" The answer was: "Honor thy father and thy mother: that thy days may be long upon the land." So I stayed with my father and mother upon the land and decided to let the American visa lapse (Frankl, 1967; pp. 46-47).
>
> Acknowledging this piece of marble as a hint from Heaven might well be the expression of the fact that already long before, in the depth of my heart, I had decided to stay. I only projected this decision into the appearance of the marble piece (Frankl, 1967; p. 47).

Given that (1) Frankl's theory is influenced by Judeo-Christian ideas (Fabry, 1994); (2) that Frankl (i.e., 1972; 1986) talks about spirituality, and the use of the resources of the dimension of the human spirit in therapy; and (3) that one might parallel authentic religion and deep spirituality to the extent to which they result in meaningful actions, the question arises, "What is the role of religion in meaning-oriented therapy?"

Frankl (1967) begins his answer by illustrating the similarities and differences between religion and psychotherapy:

> It is not the least task of psychotherapy to bring about reconciliation and to bring consolation: Man has to be reconciled to his finiteness, and he also has to be enabled to face the transitoriness of his life. With these efforts psychotherapy indeed touches religion. There is common ground enough to warrant mutual rapprochement. Bridging, however, does not mean merging. There still remains the essential difference between the respective aims of psychotherapy and religion. The goal of psychotherapy, of psychiatry and, quite generally, of medicine, is health. The goal of religion, however, is something essentially different: salvation. So much for the difference in goals. The result achieved, however, are another matter. Although religion may not aim at mental health it might result in it. Psychotherapy, in turn, often result in an analogous product; while the doctor is not, and must not be, concerned with helping the patient to regain his belief in God, time and again this is just what occurs, unintended and unexpected as it is (Frankl, 1967, pp. 45-46).

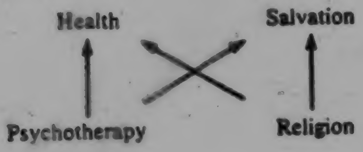


Figure 15: Frankl, V. E. (1967). Psychotherapy and Existentialism. New York, NY: Simon & Schuster. (P. 45).[16]

The area where therapy and religion meet is illustrated by a situation in which one is called upon to decide between the alternatives of ultimate meaning or ultimate absurdity. In the first case, one has to presuppose that meanings exist which we cannot intellectually understand; we can only believe and trust that they exist. Following this realization, therapists can enter their clients' own value systems and beliefs in order to highlight areas where they might find meanings that are right for them. According to Estes (1997) therapists have to be ready to accompany their clients on their journey of self-discovery and spiritual growth if they want to help them to cope with concerns that are spiritual in nature. If clients are affiliated with a particular religious denomination, or they talk about their spirituality, or spiritual concerns, the counsellor can use that language to communicate understanding, and also, to guide clients in their own search for meaning.

The use of a client's religious beliefs to achieve "health" (Frankl, 1975b; p. 47) through counselling psychology can be seen in the concern presented to Frankl (1962) when he encountered a rabbi from Eastern Europe who lost his first wife and six children in the Holocaust. This rabbi turned to Frankl in his despair that his second wife was sterile and, thus he would have no son to say the Kaddish, the Jewish prayer for the dead, after his death. In Guttmann's (1996) report,

> Frankl asked him whether he did not hope to see his children in heaven, whereupon the old rabbi burst into tears and confessed that the true reason for his despair was his fear that as a sinner he may not be assigned the same place as his martyred children. Frankl, therefore asked the rabbi:
>
> Is it not conceivable, Rabbi, that precisely this was the meaning of you living longer then your children; that you may be purified through these years of suffering, so that finally you too, though not as innocent as your children, may become worthy of joining them in Heaven? Is it not written in the Psalms that

> God preserves all your tears? So, perhaps none of your suffering were in vain (Frankl, 1962, p. 120; Psalm 56;8).
>
> For the first time, the old rabbi found relief from his suffering through the new viewpoint Frankl opened before him (Guttmann, 1996; p. 39).

The case examples I used in this chapter illustrate the use of logotheory's concepts in logotherapy. For greater clarity, Frankl (1967) organized logotheory's major tenets along thematic lines and presented them under the title the "Logotherapeutic Credo" (Frankl, 1967; p. 10). These assumptions underline all interventions inspired by Viktor Frankl's theory.

CHAPTER 5: THE LOGOTHERAPEUTIC CREDO

> "But then, because the teacher was wise, he went on teaching the people all he knew;
> and he collected proverbs and classified them."
> (Ecclesiastes 12:9)

Introduction

Frankl summarized those tenets of logotheory which are used in therapy in his book entitled "*Psychotherapy and Existentialism,*" which appeared in the English translation in 1967. This early text captures the "logotherapeutic credo" (Frankl, 1967; p. 18; Frankl, 1994; pp. 73-114) in three points: (1) the "Freedom of Will; (2) the "Will to Meaning;" and (3) the "Meaning of Life," respectively. On the basis of his notes during a workshop by Lukas, Barnes (1995d) outlined six themes which parallel Frankl's (1994) views on the anthropological foundations of logotherapy. Since these six points are more inclusive than the ones originally put forth by Frankl (1967), these will be the ones that I will present below.

Six Basic Assumptions in Logotheory[17]

1. The first basic tenet of logotheory is that "the human being is an entity consisting of body, mind, and spirit" (Barnes, 1995d; p, 6). Reading Frankl's statements about the spirit, spirituality, and religion, allows us to make a fine distinction between these phenomena. With respect to the *spirit*, Frankl claims that every person is spirit. That is, a three-dimensional entity of body, mind, and spirit. *Spirituality* in Frankl's terminology refers to the dynamics of inferring what the meaning of a situation is by listening to the voice of our conscience, our very core self, which is always meaning-oriented, and allowing that meaning to permeate our being. Meanings are realized by us in concrete situations with the help of the "instruments of the human spirit;" our bodies and mind. The word religion means a set of beliefs and creeds. To avoid confusion

between the terms spiritual and religious, Frankl uses the term noetic, to refer to a dimension that is specifically human.

> The contents of the human dimension are tremendous, often untapped, resources of health. One might say that they are the medicine chest of logotherapy. In therapy clients have to be made aware that they posses this treasure chest of health, this healthy core, and they have to be helped and motivated to make use of these resources (Barnes, 1995d; p. 8).

2. A second assumption of logotheory is that life has meaning under all circumstances, even the most miserable (Barnes, 1995d; p. 7; Frankl, 1967; p. 28):

> This "ultimate meaning," as Frankl calls it, is perhaps the most difficult assumption to grasp in logical argument but, on the other hand, it is a reality which every person experiences--even though perhaps only vaguely and in fleeting moments of what Abraham Maslow called "peak experiences." Ultimate meaning manifests itself in a basic sense of belonging, an interweaving in the tapestry of life, as against the feeling of isolation and alienation. It presupposes a world in which suffering is not a denial of, but rather evidence of, an order that includes darkness and light. Ultimate meaning exists in the suprahuman dimension which religious people call the divine dimension but which one may see as life, or nature, or evolution, or science, or harmony, or the ecosystem. Ultimate meaning, to Frankl, is a reality which we experience, especially in moments of deep despair or glorious bliss (Barnes, 1995d; pp. 8-9).

3. A third assumption of logotheory is our will to meaning (Frankl, 1967; p. 21; Barnes, 1995d; p. 8).

> It is seen as our main motivation for living and for acting, and it goes deeper than our will to pleasure and power. When we see meaning in life, we are ready to endure any suffering. On the other hand, if we see no meaning, even a life of

> material well-being will seem empty and futile. Logotherapy makes people aware that they possess the will to meaning and motivates them to use it (Barnes, 1995d; p. 9).

Clinical observations convinced Frankl (1994) that human existence is always directed toward meaning, however little we may be aware of it. In 1968, he taught that there exists something like a foreknowledge of a meaning, or a "precognition of meaning" (Frankl, 1968; in Fabry, & Lukas, 1995; p. 9), which is also the basis of what logotherapy calls "the will to meaning" (Frankl, 1968; in Fabry, & Lukas, 1995; p. 9).

In the same lecture series, Frankl went on to say that, whether or not we want to, we do believe in meaning as long as we have a breath of air inside us. Even a person committing suicide believes in meaning--if not in continuing to live, then in dying. If we really no longer believed in any meaning at all, we could not move a finger, and thus could not commit suicide (Frankl, 1968; in Fabry, & Lukas, 1995).

4. A fourth assumption of logotheory is that "...we have the freedom, under all circumstances, to activate our will to meaning and to find meaning" (Barnes, 1995d; p. 9; Frankl, 1969; p. 21).

> Obviously, we do not always have the freedom to change a meaningless situation into a meaningful one, such as the death of a loved one, or an incurable disease. But we always have the freedom to change our attitude toward a situation which itself is meaningless and unchangeable. We do not always have freedom from limitation but we do have freedom to take a stand toward unchangeable situations. Logotherapy bases our freedom to find meaning under all conditions on its first assumption--that in our spirit we can take a stand even against all limitations of body, psyche, and circumstances. All of these assumptions were tested by Frankl in his concentration camp years, especially the assumption that a

person has the freedom to see meaning even in the most meaningless situation when surrounded by guards and barbed wire (Barnes, 1995d, pp. 9-10).

5. A fifth assumption of logotherapy is that life has a demand quality to which we must respond if our lives are to be meaning-filled (Barnes, 1995d; Frankl, 1994):

> ...Although we have freedom to act and make decisions within the dimension of our spirit, there is a demand quality in life to which we have to respond if our decisions are to be meaningful. Here Frankl introduces a second kind of meaning which is more practical in daily living than the assumption of ultimate meaning. This second kind is the "meaning of the moment." It is Frankl's assumption that we go through a series of situations in our lives and each situation, each moment, offers us a specific meaning potential. To respond to the meaning of the moment is to be responsible in the literal sense of the world: able to respond.
>
> While ultimate meaning basically can never fully be found but only approached, just as the horizon can only be approached, the meaning of the moment can be found and fulfilled. To be aware of the meaning possibilities of each moment, and to respond to them by making one of many possibilities a reality with which we have to live, is to lead a meaningful life.
>
> Second, how do we find the meaning of the moment? In ordinary situations we follow the values of our society. But in special circumstances, we have freedom and indeed an obligation to disregard values and customs and ordinary responses and to follow the voice of our consciences--weak and human and prone to error as they may be (Barnes, 1995d; p. 10).
>
> The assumption that we have to respond to a demand, which again can be seen in both religious and nonreligious terms, seems to limit our freedom to make decisions. It is a self-imposed limitation, not one forced on us by outside forces, inner drives, or behavior patterns we have developed (Barnes, 1995d; p. 11).

6. A sixth assumption of logotherapy is that each individual is unique: One's sense of meaning is enhanced by the awareness that, even in small ways, we are irreplaceable. Our spiritual dimension is not only our healthy self but also our healthy self. To help clients become aware of their authentic selves (behind all the masks they may wear to please others and avoid being hurt) is to help them find meaning. One of logotherapy's tasks is to help clients realize that each of them is Someone, a Unique Someone, and irreplaceably significant (Barnes, 1995d; p. 11).

Reflection

According Barnes (1995d), logotherapy's assumptions, like the assumptions made by other psychotherapies, cannot be proved nor disproved with certainty. "We can only test the validity of these assumptions AS IF they were true, to see if they make sense within the framework of our lives" (Barnes, 1995d; p. 6).

Barnes (1995d; p. 11) summarized the six basic tenets of logotherapy in the following way: "...each human being is a unique entity of soma, psyche and spirit, going through a series of unique [and irrepeatable] situations, longing to find meaning and free to find it in every moment, in response to demands of life and special circumstances." As we have seen from discussions in the previous chapters, the belief in life's meaningfulness under all circumstances is among the core beliefs of logotherapists.

At this point, however, the question arises whether the fact that we have to discover meaning for ourselves, and the belief in an inherent meaning in life, are contradictory statements in logotheory? Let's consider for example, the following statement by Lukas (1995; p. 2): "...the intuitions and sensing of all peoples and generations, concealed in thousand symbols and rites, indicates that the whole must have some kind of 'ultimate meaning' behind it, which goes beyond chaos and chance." Does this statement, which emphasizes a human universality, exclude our previously stated focus on individual uniqueness? Stated in other words, "How can one adopt a belief in life's meaningfulness and still discover unique meanings?" This question brings us to the topic of finding meanings and living a meaning-filled life, to which we now turn our attention.

PART TWO: LOGOTHERAPY

CHAPTER 6: MEANING AS AN EXISTENTIAL DECISION

> "If I don't do it, who will do it?
> If I don't do it now, when shall I do it?
> And if I do it only for myself, who am I?"
> (Rabbi Hillel)

Introduction

In our review of the basic tenets of logotheory, we arrived at the research question: "How can one live a meaning-filled life?" Below, we will review those guidelines in logotheory which can be used in therapy to help clients regain their sense of meaning in life.

I. Illustration of The Pursuit of Meaning with a Metaphor

In the introduction of her book, *Psychotherapie im Wurde*, (Psychotherapy with Dignity), which is based entirely on Franklian theory, Lukas (1994) illustrates the nature of meaningful decisions with the metaphor of the biblical account of the Israelites' wandering in the wilderness. According to the story in the Exodus, God lead the Israelites from Egypt into the Promised Land in the form of a cloud. The Israelites did not know in advance where exactly the would will lead them. They believed that God, in the form of the cloud, would guide them to the "Promised Land." In their stories, the "Promised Land" became the epitome of realizing their dreams of living a more perfect and better life (Frankl uses the same metaphor in "*Psychotherapy and Existential Analysis*" [1967; pp. 26-27]).

From the biblical story of the Exodus, we know that following the cloud was not easy. It required the Israelites to turn away from idols, to turn away from their original goal of attaining power and fame. It demanded that they confront their utmost fears and uncertainties in the journey of following the "will of God," and staying true to their convictions.

Frankl (1967) and Lukas (1994) likened the journey in the search of meaning to that of the Israelites following the "cloud." Meanings, like the "cloud" can guide our lives, and require that we confront and transform ourselves, if we want to live up to our highest ideals. There are three characteristics of the biblical "cloud" which Lukas (1994) identifies as the properties of meanings: (1) the cloud goes ahead of the Israelites; (2) the cloud is different; and (3) the cloud can never be reached. How does the metaphor of the "cloud" apply to meanings and to meaningful tasks? Below, we will follow Frankl's (1967) account.

1. The cloud goes ahead of the Israelites: Meaning, like the cloud, says Frankl (1967), has to go ahead of us to signify the direction for our journey. We can only speculate what would have happened if the cloud did not go ahead of the Israelites, but instead of leading, stayed above their heads. None of the Israelites would have been able to decide exactly which way to go. Their efforts to reach the "Promised Land," would have dissolved in an endless dispute. Similarly, meanings have to "go ahead of us," in indicating a direction that is worthy of our pursuit (Lukas, 1994).

2. The cloud is different: The cloud, in the example, is different from those who follow it. It is different not just in its essence, which we could, metaphorically, translate into "spirit," but in what the "existence in spirit" requires from the Israelites. They are to abandon their traditional way of being, which was power and pleasure oriented, and give up serving the idols which they have brought with themselves from Egypt. Both literally, and metaphorically, there is a gap (a hiatus) between where the people of Israel "are" and where they "can be." Similarly, says Frankl (1967; 1975), meanings represent a constant tension between the way we currently "are," and how we "could be."

3. The cloud can never be reached: The biblical story of the Exodus furthers our understanding of the characteristics of meaning. The goal of the Israelites was not to reach the cloud; they could reach their final destination only if they followed the cloud. Literally, they had to advance step by step to reach Palestine. Their concrete steps were in line with the direction indicated by the cloud. Lukas's (1994; p. 22) illustration can be seen below:

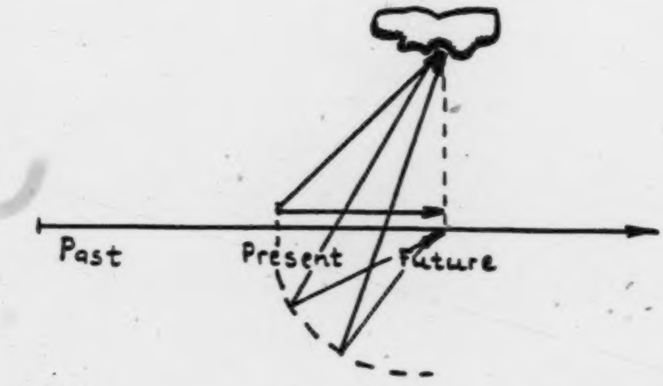


Figure 16 Adapted and translated from Lukas, E. (1994). Psychotherapie in Wurde. Munchen: Quintessenz. (P. 22)[15]

In the same vein, logotherapy teaches us, that meanings are found in meaningful tasks, which cannot be separated from an ultimate reason and purpose in life (Lukas, 1994). Not all of the Israelites reached the Promised Land. Similarly, says Frankl (1975) we cannot know until our death whether we have accomplished the meaning of our lives. As in the story of the Exodus, our hope and beliefs can outlive our physical life. They guide the generations to follow.

II. Logotheory's Principles that Apply to the Search for Meaning

A. We have to Evaluate our Existential Answer to Life

In *"Der Mensch vor der Frage nach dem Sinn"* Frankl (1996b) expresses the view, that before we attempt to answer the question of how meanings can be realized, we have to ask ourselves a more fundamental question:

> This question has to do with whether we believe that life as a whole is meaningful, or, that it is meaningless. To answer this question, we have to reflect on our existential answer to it.

> The question is: "Is existence nothing but a mass of nonsense, or is it a mass of ultimate meaning?" This question cannot be answered by natural sciences alone. It cannot be answered at all; it is a completely unsolvable problem - rather, it must be decided. All being is ambiguous: both interpretations - both the interpretation "nonsense" and the interpretation "ultimate meaning" - are possible. Both are thinkable: that being is total nonsense, and that it is total ultimate meaning; but these are indeed only two "thinkables," two thought possibilities, and not thought necessities. With respect to the decision we are called upon to make, there is no coercion; in no way are we logically forced, logically obliged to decide for one or the other. Both interpretations are logically of equal status. Logically there is as much which speaks for the one interpretation as for the other. The equal status of the two answers: the answer "absolute nonsense" and the answer "absolute ultimate meaning" - results in the responsibility of the respondent. He is not only faced with a question - no: he is faced with a decision, and, in fact, an existential decision, but not an intellectual decision. What he must perform is not the "intelligere," not a factual realization - but rather a personal commitment.
>
> Reasons and objections are balanced like scales; but the decision maker throws the weight of his own being onto one or the other side of the scale.
>
> It is not knowledge which makes this decision, but rather faith; but faith is not thinking minus the reality of that which is thought, but rather thinking, enriched by the existentiality of the thinker (Frankl, 1996b; p. 274).

To give an existential answer to an existential question means that we have to review our lives. We have to evaluate our lives, both as it has been in the past, as it is in the present, and as we would like to live it in the future, and determine those principles which in our perception have significantly contributed to shaping our lives. We have to identify our beliefs and our concerns, and reaffirm those guidelines which we consider important, and by which we would like to abide. If we live authentically, then we have to live in a way that stays true to our beliefs.

According to Franklian theory, it is not possible to ask the question "what is the meaning of life?" Life poses this existential question to us. Our personal answer to this question can be discerned from the way we lead our lives.

B. There are Three Levels of Meanings

Lukas (1995) noted that the meaning of life may at the same time be both infinitely abstract and exceptionally concrete. In logotheory, generally three levels of meanings are distinguished.

For the type of meaning which cannot be attained by us, "except by reaching in faith into the transcendence of God" (Lukas, 1995; p. 14), Frankl (1996b) coined the terms "supra meaning," or, "ultimate meaning" (p. 75). As we discussed earlier, ultimate meanings can be likened to a general organizing principle. According to Frankl (1975) it is useless to speculate about ultimate meanings because they are beyond our human comprehension. The theory of such ultimate meanings, explains Lukas (1995, p. 14), "simply affords the possibility that even those elements of this world which our intellect would have to declare 'senseless'--like for instance the existence of evil, the happening of tragic accidents, the suffering of innocent people or the inescapable fact of aging and dying--might, in another, higher dimension, have meaning." However, we cannot access this dimensional level.

According to Frankl (1996b), what is open to us humans, but not available to animals is to grasp the specific meaning contents of our lives. Lukas (1995) explains that such meanings may be related to the accomplishment of a self-chosen task: research into new frontiers, inventing something, creation of an object d'art, production of new articles, remedying of some grievance, and the like. That means that we can find meaning and purpose in "*being-for-something*" (Lukas, 1995; p. 14). She then goes on to say that we can also find meaning in establishing a family, in loving children, in charitable work, or in social care for persons in our charge. All these meanings find their expression in "*being for someone*" (Lukas, 1995, p. 14).

The last meaning factor in our consideration of meanings from the most to the least abstract is the present meaning, the "meaning of the moment" (Frankl, 1967; p. 55; 1975). Here we encounter, with Frankl's words, that meaning, which, at any given moment is the "pacemaker of our being" (Frankl, 1967; p. 26). The relevance of concrete goals lies in the fact that any great meanings of life, individual goals, tasks, works, the total dedication to a cause or a person can only be accomplished if we take them in relation to moments, or to specific situations, each one of which is unique and unrepeatable (Lukas, 1995):

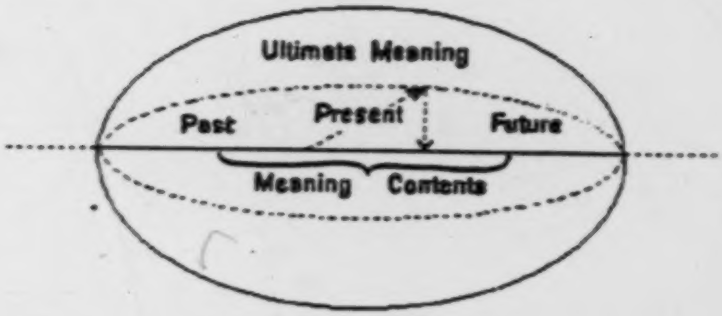


Figure 17: Ungar. M. (1998). A schematic illustration of the three levels of meaning

C. Meanings are Trans-subjective

Frankl (1967) stated that personal meanings are not only more concrete than meaning contents and ultimate meaning, but that personal meanings have to reflect one's meaning in life, and ultimate meanings. In this context, one can conceptualize ultimate meanings as objective, and personal meanings and meaning contents as subjective.

However, this distinction between subjective and objective meanings is not quite accurate. Personal meanings, contended Frankl (1965; 1967), are not only subjective, but they are relative. Namely, meanings stand in relation to a person, and to that particular situation in which that person finds oneself.

This means that every meaning is relative to a person, and to a situation. Our task, says Frankl, is to discern that meaning which relates to us, in particular situations.

Frankl (1967) stated that, as life situations are irrepeatable, so is that meaning which is inherent in them. We have to discern this relative, and trans-subjective, meaning of the situation and to realize it:

> Each man is unique and each man's life is singular; no one is replaceable nor is his life repeatable. This twofold uniqueness adds to man's responsibleness. Ultimately, this responsibleness derives from the existential fact that life is a chain of questions which man has to answer by answering for life, to which he has to respond by being responsible, by making decisions, by deciding which answers to give to the individual question. And I venture to say that each question has only one answer--the right one!
>
> This does not imply that man is always capable of finding the right answer or solution to each problem, or finding the true meaning of his existence. Rather, the contrary is true; as a finite being, he is not exempt from error, and, therefore, has to take the risk of erring. Again, I quote Goethe who once said: "We must always aim at the bull's eye--although we know that we will not always hit it." Or, to put it more prosaically: We have to try to reach the absolutely best--otherwise we shall not even reach the relatively good (Frankl, 1967; p. 31).

Frankl (1994c) spoke of the demand quality of life and the response quality of human existence. Related to this concept, Lukas (1995) developed a model that can be used in each life situation of our clients.[19]

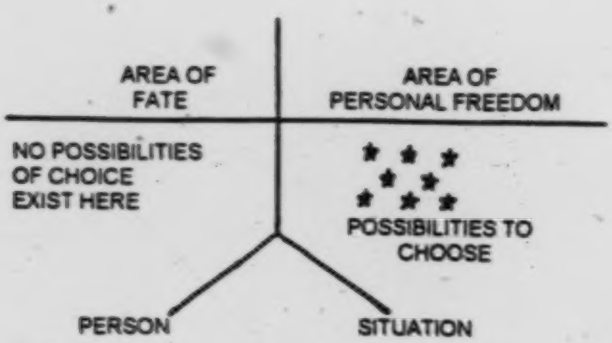


Figure 18: Elisabeth Lukas, PhD., in Barnes, R. C. (1995c). Logotherapy's Consideration of the Dignity and Uniqueness of the Human Person. Unpublished Manuscript. Hardin-Simmons University, Abilene, TX, p. 30).

Barnes (1995c) used and interpreted this Figure in his paper entitled "*Logotherapy's Consideration of the Uniqueness and Dignity of the Human Person*:[20]

> As seen in this Figure, as long as we are conscious and the spiritual dimension is not blocked, we have freedom to choose. When there is choice, one is forced to choose. We can choose our attitude and our action. We can choose our response to our fate. We can choose no more and no less! Our fate is the area where there are no possibilities to choose. Our freedom is the area where there are possibilities to choose. Dr. Elizabeth Lukas illustrates this further in her book Psychological Ministry (page 167). Each star in the Figure above represents an opportunity, a potential choice from an entire galaxy of potential choices for every situation. Dr. Lukas refers to conscience as "our ability to identify the brightest star in the galaxy of the moment, or in other words, to make the most meaningful choice from all the potentials of his area of freedom."

The little stars in the Figure look equal, but they are not. The difference is in degree of meaningfulness. In every situation, there is one that has the possibility of greatest meaningfulness. If we choose one, it becomes reality, and all other potentials of that situation immediately vanish. There will be other situations in life, and other choices, but the other 'stars' (possible choices) relating to a given situation disappear the moment one becomes reality because of our choice.

There are five questions that relate to the Figure above, the Area of Fate vs. Personal Freedom. According to Dr. Lukas, we can help our counselees by providing them the opportunity to ask themselves these questions.

1. What is my problem?
2. Where is my area of freedom? (I am not free from fate, but I am free to choose my response.)
3. What possible choices do I have?
4. Which possible choice is the most meaningful? (Only one's conscience can help determine what is best for all concerned.)
5. Which choice will I bring into reality?

We can guide our counselees only from number one through four above, but not with number five (Barnes, 1995c; pp. 30-31).

D. Meanings have to be Discovered with the Help of our Conscience

According to Frankl (1996b), it is impossible to separate the meaning of the moment from the meaning of the whole. As the meaning of the whole cannot be fabricated, so is it also impossible to invent concrete meanings and the meaning content of one's life. Meanings have to be "discovered" and "decoded" (Lukas, 1995; p. 16) from among a number of alternate possibilities. True meanings are the ones which "fit" to the design of higher meanings, the meaning of our lives, and the ultimate meaning of life.

If we stay with the metaphor of the cloud, then personal meanings can be imagined as the "shadows" of the "clouds," of ultimate meaning, on the face of the earth. Frankl (1965; 1994; p. 77; Lukas, 1986b; p. 41) posited our voice of conscience as the "meaning organ,"--a specifically human phenomenon, which like an inner compass, guides us toward the realization of meanings. The meaning of the moment is what our conscience tells us is the task of the moment--or the demand of the present hour. According to Lukas (via Barnes, 1995; p. 23), "one can never fulfill a meaningful task without helping it to pass through the 'eye of the needle' from possible meaningful tasks to completed meaningful tasks." This is illustrated in Figure 19.[21]

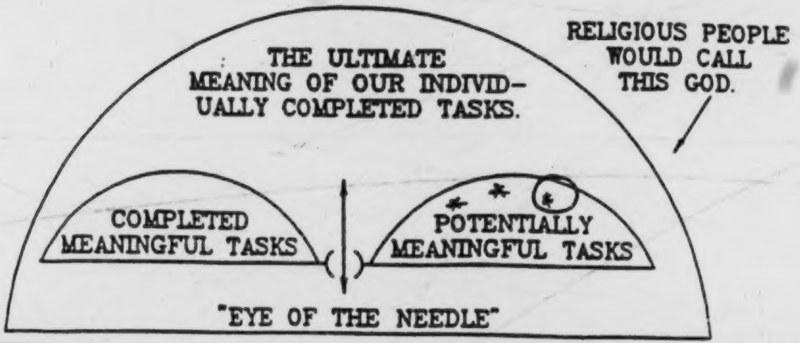

THE ULTIMATE MEANING OF OUR INDIVIDUALLY COMPLETED TASKS.
RELIGIOUS PEOPLE WOULD CALL THIS GOD.
COMPLETED MEANINGFUL TASKS
POTENTIALLY MEANINGFUL TASKS
"EYE OF THE NEEDLE"

Figure 19. Elisabeth Lukas, PhD., in Barnes, R. (1995). Logotherapy and The Human Spirit. Unpublished Manuscript. Hardin-Simmons University, Abilene, TX, p. 23.

Once meaningful tasks are completed they become reality. In Figure 19, the mounds representing completed meaningful tasks and potentially meaningful tasks were drawn in equal size. In the life of an older person, the mound of completed meaningful tasks would usually be proportionately larger than the mound of potentially meaningful tasks. The opposite would be true for a younger person. Death can eliminate only potentially meaningful tasks, which have not yet become reality. Frankl affirms that "Everything that becomes realized becomes eternalized" (cited in Barnes, 1995; p. 24), and "Each deed is its own monument" (Frankl, 1986; p. 20).

E. The Pursuit of Meaning is the Task of a Lifetime

Lukas (1995) used the metaphor of a candle to illustrate that our biological and physical existence is temporary. Like wax, our organism is bound to physical laws. It can fall prey to disease; it can be damaged, and destroyed. Its utility diminishes with time. However, if we light the wick, the light and the warmth that a candle radiates can never be annihilated. Even though its shine and brightness are long gone, and the wax has melted away, the fact that the candle fulfilled its purpose remains. This is a potential, which, with the lighting of the candle, became a reality, and can never be blotted out. Similarly, the meanings that we actualize are "securely stored in the granary of our lives" (Barnes, 1995; p. 26), and cannot be taken away from us.

As we enter subsequent stages in our lives, the possible number of meanings that we can realize, decreases. Simultaneously, however, the number of meanings that we have already actualized, has increased.

This point in logotheory is important because within a lifetime, meaning potentials and realized meanings keep changing continuously:

"A youth entering adult life has a huge mountain of potential ahead but hardly any realized meaning treasured in his or her past; his or her future is rich, his or her past is poor" (Lukas, 1995; p. 15). A curve illustrating the meaning potentials of young age are illustrated below:[22]

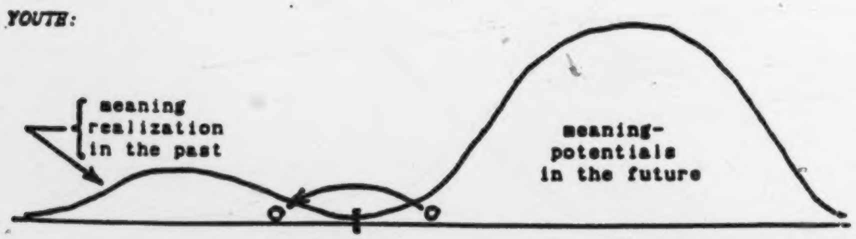

YOUTH:
meaning realization in the past
meaning-potentials in the future

Figure 20. Lukas, E. (1995). Psychological Ministry. Unpublished Manuscript. (P. 15).

The elderly, in their turn, if they have lived their lives meaningfully, have already crossed the mountain. It lies behind them with an abundance of those values which they have safely stored in their pasts by realizing them. Their future, on the other hand, has only limited potentialities; "it is empty as compared to the riches of their past" (Lukas, 1995; p. 16). The meaning potentials of old age are illustrated below:[23]

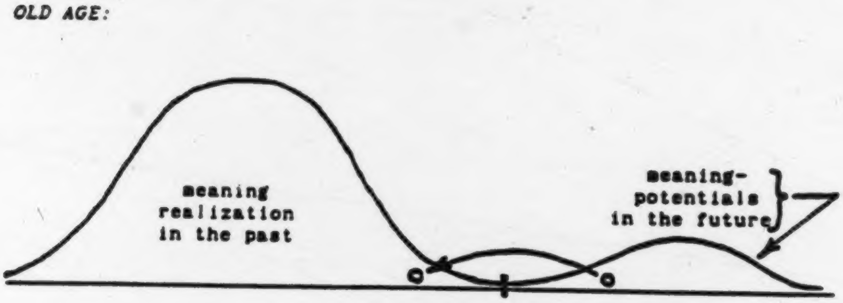

OLD AGE:
meaning realization in the past
meaning-potentials in the future

Figure 21: Lukas, E. (1995). Psychological Ministry. Unpublished Manuscript. (P. 16).

According to Lukas (1995), the changing meaning potentials in life clarify why we should not just focus on the immediate goals of a person as meaning-factors:

> Persons near the end of their lives have hardly any goals left, and if they had them, reaching them would be very difficult. What they have are those goals which they have already reached, the aims they have attained, what they have suffered and attained, the total of those experiences which made their lives worthwhile. These are the realized potentials which they "own" forever, even though everything else might be taken away from them.

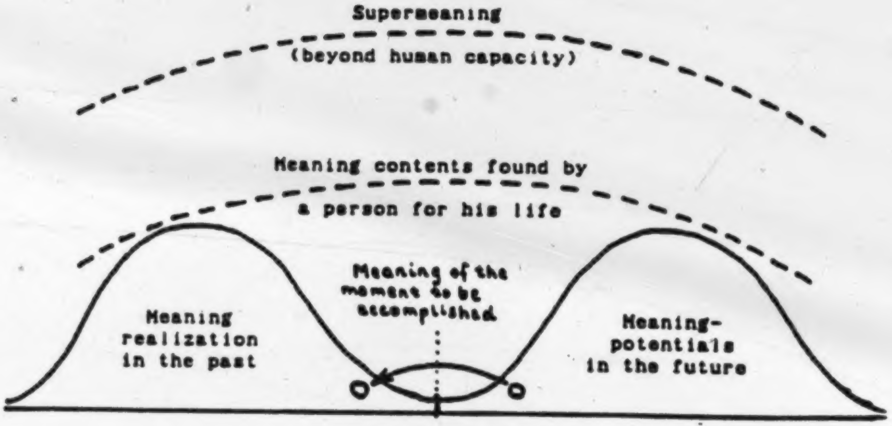

Supermeaning
(beyond human capacity)
Meaning contents found by
a person for his life
Meaning of the moment to be accomplished
Meaning realization in the past
Meaning-potentials in the future

Figure 22: Lukas, E. (1995). Psychological Ministry. Unpublished Manuscript. (P. 14)[24]

In his report of conversations with terminally ill patients, Rabbi Leo Abrami (1997) explains the significance of the use of the above mentioned principles in therapy the following way:[25]

> Every question about meaning in general is tied up to the question of ultimate meaning. When Dr. Frankl asserted: "Say yes to life," he meant more than that we should stay alive, he meant that we should be true to ourselves and fulfill that ultimate meaning which only we can fulfill. It is part and parcel of our personality, it constitutes human vocation.

The task of the counselor is to help counselees come to validate what has been meaningful in their lives. A kind word may convey the reassuring message that the search is legitimate and that the discovery is at hand. When the patients have succeeded in finding the answers, they will be able to regain a sense of worthiness, and, eventually, peace of mind. The following cases, selected from interviews with terminally ill patients, illustrate this process of reassurance and validation, even when the patients can barely speak at all.

As I came to visit Rachel, her private nurse informed me that she would not talk or even open her eyes. I took her hands and I said: "Rachel, I am your friend, Leo." She then opened her eyes and said: "I am so glad you came." We reminisced for a while and I said: "Rachel, I remember the wonderful fund-raising parties we had at your home and I am looking forward to the next one." We both laughed and then I said: "I express to you my gratitude for your devotion to the well-being of our community and the substantial contributions you made to our favorite charities. The world would not have been the same without you. Your efforts made a difference. God bless you." She smiled, squeezed my hand, and died peacefully a few moments later.

Sam was a man who had suffered a great deal in the last few years: his only son had been killed in a tragic accident, his wife died after a long illness, and he was now in the terminal phase of an unforgiving disease. I said to him: "Sam, I admire you for your courage and moral strength. You have proven that you can bear pain with dignity. You had to face so many trials and you did not complain once. I don't think I could have done it." He indicated with a motion of his head that he had heard my words, and he slipped back into silence.

Ruth had suffered a heavy stroke and lay in a coma. I sat down next to her and said: "We miss you dearly. You have been such a stronghold and inspiration in our community. We are grateful to you for the example you set for us. You certainly fulfilled your vocation with honor." As I began to recite the 23rd Psalm, I beheld the movement of her lips. She was praying with me (Abrami, 1997; pp. 81-82).

Observing the therapy process, we notice that Dr. Abrami guides his clients to the recognition of ultimate meanings through his recollection of concrete examples of meanings his clients have realized throughout their lives. Dr. Abrami honors the meanings his clients realized, even though neither he nor his clients know what the ultimate meaning of their lives are. The therapist's approach is guided by his belief in life's meaningfulness under all conditions. He honors those valuable contributions his clients made in specific situations through their lifetime.

III. The Dynamics of Meaning-seeking

A. Noo-dynamics

The homeostasis principle, that underlies the dynamic interpretation of human beings, maintains that our behavior is basically directed toward the gratification and satisfaction of our drives and instincts, toward the reconciliation of the different aspects of our psyche, such as id, ego, and superego, and toward adaptation and adjustment to society, toward our own bio-psyche-and social equilibrium. Frankl (1975) maintained that in order to actualize meanings, we constantly have to reach beyond ourselves, a process, to which he referred to as self-transcendence. By the same token, he said that our existence cannot consist of self-actualization; our primary concern does not lie in the actualization of our own self, but in the realization of values and in the fulfillment of meaning-potentialities which are to be found in the world rather than within our psyche, which is a closed system.

Frankl (1996) affirmed that, in the dimension of the spirit, what we need is not homeostasis, but what he called "noodynamics" (Frankl, 1975; p. 75). That is, that kind of appropriate tension that holds us steadily oriented toward concrete values to be actualized, toward the meaning of our personal existence to be fulfilled:

> What I call noodynamics is a field of tension whose poles are represented by us and the meanings that beckons us. Noodynamics structures our life like iron filings in a magnetic field. In contrast to psychodynamics, noodynamics leaves us the freedom to choose between fulfilling or declining that meaning that awaits us (Frankl, 1975; p. 88).

Noodynamics creates a constant tension between who we "are" as human beings, and who we can be, if we accomplish a goal or follow an ideal. Frankl (1996) termed this tension, "...a tension between existence and essence, or being and meaning" (Frankl, 1996; p. 225). Meaning, he said, "...must be always one step ahead of being--only then can meaning fulfill its own meaning, namely to be the pacemaker of Being" (Frankl, 1972; p. 15).

In order to compare and to contrast homeostasis with noo-dynamics, Frankl (via Barnes, 1995; p. 22) poses this question:

> "We speak of the will to find meaning. Could we also speak of the drive to find meaning?" The answer is no: a drive is for ourselves; will is for others. The aim of a drive is its own destruction. For example, if one is hungry, there is a drive to eat. After eating, the drive is diminished. The aim of a drive always returns to self. If satisfying one's sex drive is one's own orgasm, this is using one's partner only as a means for one's own drive fulfillment. In the will to find meaning, the meaning is the end of our intention.... (Barnes, 1995; p. 22).

B. Existential Dynamics

Frankl (1994c) proposed that we usually live along the continuum of success and failure. We equate material well-being, good health, fame, good living conditions and education with success, and the lack of these with failure. However, Frankl (1975) has shown that success does not equate with meaning, nor failure with despair. Frankl said that true success and satisfaction can only be the consequences of having done something that is meaningful. Conversely, he said that it is possible to realize meaning even under unfavorable living conditions.

Frankl (1975; 1994) said that the success and failure continuum is characteristic of the existence of the *Homo Sapiens* who is concerned with self-preservation and self-actualization. *Homo Sapiens* regards unavoidable suffering as failure. On the basis of his experiences in the concentration camps, Frankl stated that without the perception of meaning, suffering becomes unbearable.

Logotherapy insists that our main concern in life is not to seek pleasure or to avoid pain, but to find meaning. Frankl (1962; 1965; 1986) stated that we are ready to endure any suffering if we are convinced that this suffering has meaning. Thus, he stated that, while the *Homo Sapiens* moves between the poles of success and failure, the *Homo Patiens* rises above this dimension and moves between the poles of meaning and despair (Frankl, 1967; p. 40).

Frankl conceptualized the dimensions of success and failure, and meaning and despair in the form of a cross. The illustration of this cross can be found in his book *Psychotherapy and Existentialism* (1967; p. 40), and *Logotherapie und Existezanalyse* (Logotherapy and Existential Analysis, 1994; p. 133):

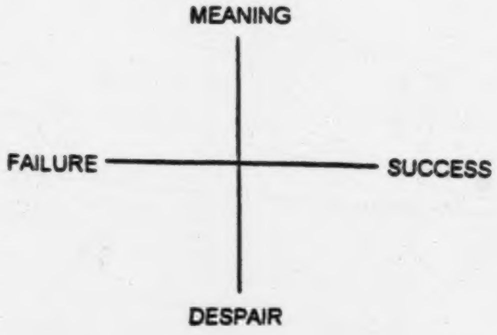


Figure 23: Frankl, V. E. (1967). Psychotherapy and Existentialism. New York, NY: Pocket Books. (P. 40).[26]

What is the significance of the possibility of meaning-orientation, instead of an orientation only to success? Let's consider the following case example, reported by Frankl (1967), of two different evaluations of life, one according to the success-failure principle, and another, according to the meaning-despair principle:

> The mother of two boys was admitted to my clinic after an attempt at suicide. One of the sons was crippled with infantile paralysis and could now be moved around only in a wheel chair, while the other son had just died at the age of eleven. My associate, Dr. Kocourek, invited this woman to join a therapeutic group. While he was conducting a psychodrama in this group I happened to step into the room just as this mother was telling her story. She was rebellious against her fate, she could not overcome the loss of her son, but when she tried to commit suicide together with the crippled son who was left, it was the latter who prevented her from suicide. For him, life had remained meaningful. Why not for his mother? How could we help her to find a meaning?
>
> I asked another woman in the group how old she was. Upon the reply that she was thirty, I retorted: "No, you are not thirty but instead eighty now and lying on your death bed. You are looking back upon your life, a life which was childless but full of financial success and prestige." I then invited her to imagine what she would feel in that situation. "What will you think of it? What will you say to yourself?" Let me quote her answer from the tape that recorded that session: "Oh, I married a millionaire! I flirted with men. I teased them! But now, I am eighty; I have no children of my own. Looking back as an old woman, I cannot see what all that was for; actually, I must say, my life was a failure!"
>
> Then, I invited the mother of the crippled son to imagine herself in the same situation. Again, I quote from the tape: "I wished to have children and this wish was granted to me; one boy died, the other, however, the crippled one, would have been sent to an institution if I had not taken over his care. Though he is crippled and helpless, he is after all my boy. And so I have made fuller life possible for him; I have made a better human being out of my son." At this moment she burst into tears but continued: "As for myself, I can look back

> peacefully on my life; for I can say my life was full of meaning, and I have tried hard to fulfill it; I have done my best–I have done my best for my son. My life was no failure!" Anticipating a review of her life as if from the death bed, she suddenly was able to see a meaning to her life, a meaning which even included all her sufferings. By the same token it had become clear to her that even a life of short duration like that of her dead boy could be so rich in joy and love that it contained more meaning than some life that lasts eighty years (Frankl, 1967; pp. 39-40).[27]

Explaining the difference between the existence of the *Homo Sapiens* and the *Homo Patiens*, Frankl (1967) said that one might enjoy a life full of pleasure and power and yet be caught in the feeling of its ultimate meaninglessness, just as the life review of the first patient shows in the quoted case example. Conversely, it is possible, that one has to face a situation that is beyond hope, and yet still fulfill the very meaning of his or her life. This is illustrated with the example of the life-review of the second patient. Considering this example, Frankl (1967) went on to say that we might be deprived of wealth and health and yet be willing to suffer, "...be it for the sake of a cause to which we are committed, be it for a loved one, or for the sake of God" (Frankl, 1967;. p. 41). Such an achievement can not be understood from the perspective of materialism, or success orientation. It can be understood only in terms of the diagram sketched above.

IV. Existential Distress

A. Existential Frustration

In considering the contents and the dynamics within the existential diagram, as seen in Figure 23, we will start by examining the lower quadrants. Existential frustration and crises of meaning lie in the quadrant between success and despair. People who are or could be well off but do not enjoy life, are bored, irritable and satiated, see no meaning in living. According to Frankl (1967), existential frustration is related to the feeling of existential vacuum. Frankl defines existential vacuum as "inner emptiness," and "...the experience of a total lack, or loss, of an ultimate meaning to one's existence that would make life worthwhile" (Frankl, 1967; p. 77).

B. Existential Vacuum

Existential vacuum is the consequence of the repression of the will to meaning, which causes us to feel that life has no purpose, no challenge, no obligations; that it makes no difference what we do, because life is overpowering. In the failure and distress quadrant, individuals try to fill the inner emptiness which they experience with success oriented activities, such as workaholism, defiance to authority, the hoarding of material goods, drug use, and engagement in excessive behaviors (Lukas, 1995).

Frankl (1967) noted that the feeling of inner emptiness is especially widespread among the youth. Forty percent of Frankl's Austrian students, and 81 percent of his students in America confessed to it. From these results Frankl (1967) concluded that existential frustration is a phenomenon primarily related to industrialization and the loss of traditional value systems in modern societies.

Frankl (1994c) cautioned that the existential vacuum is not a disease. The frustration of our will to meaning does not necessarily result in neurotic symptoms. On the contrary, it may trigger our search for meaning. He emphasized that the task of therapists is to assure their clients that their feeling of inner emptiness is not a sign of mental illness but rather a challenge to fill this emptiness–a challenge to which only human beings can rise.

The above statement was underlined by Fabry (1994) when he stated that at present, "...when so many people are psychological hypochondriacs, always looking for childhood traumas, rejections, and other psychological excuses for their failures and confusions" (Fabry, 1994; p. 31), we can find reassurance in the message that our feeling of meaninglessness is not a symptom of sickness but the proof of our humanness. Fabry (1994) reiterates the essence of Viktor Frankl's message when he states that "...only humans can feel the lack of meaning because only they are aware of meaning (Fabry, 1994; p. 31).

C. Noogenic Neurosis

The danger of existential vacuum is that it can lead to emotional and mental disorders (Frankl, 1984b). Doubting the meaning of life may lead to despair, depression, and a new type of neurosis, for which Frankl (1967) coined a new term--"noogenic" neurosis (Frankl, 1965; p. 18; 1967; p.,81; 1994; p. 115). Noogenic neuroses do not originate in the psyche and are not brought about by past trauma. Unlike other types of neuroses, which originate in the past, and are brought about by repressed sexuality, childhood traumas, conflicts between different drives, or conflicts between the id, the ego, and the superego, noogenic neuroses originate in the present. They originate in the dimension of the spirit, and may be brought about by value collisions, conflicts of conscience, or by not finding and not perceiving an ultimate meaning in life.

Crumbaugh and Maholick (1964) who researched this new type of neurosis, noted that, unlike other types of neuroses, noogenic neurosis does not respond to classical psychoanalytic treatment, examining past issues. The symptoms of noogenic neurosis are despair, depression, and existential frustration. These symptoms can be best alleviated with a treatment that draws the patient's awareness to the present and the future, to commitment to fulfill, relationships to establish, and meanings to uncover.

V. Combating Existential Distress

A. We can Receive Guidance from Values in the Search for Meaning

1. Universal Values can Represent Guideposts in the Search for Meaning.

Frankl (1967; 1996) noted that existential distress does not always require psychological intervention. Existential distress can, in its milder forms be alleviated by seeking guidance from values.

Fabry (1994) writes that Frankl developed the distinction between meaning and values only gradually. In his early writings he used the two terms together, often as synonyms. Where he applied them separately, values referred to a broader concept. In recent years, the distinction between meaning and values became clear:

> Meaning is "what is meant," Frankl says, meant for you, in your present situation. It is specific, unique, and personal. You cannot take someone else's meaning or recover the meaning of a situation once it is past. Life and its string of meaning keeps rolling along. That is the basis for the logotherapeutic tenet that each person is unique--we live our unique life, have our unique opportunities, potentials, and shortcomings. We create unique relationships and accept unique tasks, face unique sufferings, experience unique guilt feelings, and die a unique death. The search for meaning is highly personal and distinct. But millions of people have gone through situations that were similar enough so they could react in a similar way. They found what was meaningful in standard situations. They found universal meanings, which is the way Frankl defines values: "meaning universals" (Fabry, 1994; p. 54).

The difference between "unique meanings" (or, personal meanings), and "universal values" is illustrated by Fabry (1994) with the following example:

> Mrs. P. came to the group meeting disturbed because a casual acquaintance, a woman in her fifties, has committed suicide the day before. Mrs. P. had seen the woman just before she killed herself and said that she seemed depressed and talked about her daughter's leaving home to accept a job in Denver. "If I had shown some interest," Mrs. P. reproached herself, "perhaps taken her along to the church party to which I was going, I might have prevented the suicide. This was the task required of me at that moment, but I did not recognize it." In the discussion that followed others recalled similar instances. An elderly man told how years ago he had observed a neighbor's son shoplifting in a store but had said nothing because he did not want to get involved. The boy later went to prison for a holdup and our group member never forgave himself for having missed the opportunity of talking to the boy's father or to the boy himself. Another participant, a man in his forties, sadly said, "When I was a kid I always avoided hugging and kissing my mother. I wish I could do it now but she is dead" (Fabry, 1994; p. 55).[28]

Fabry (1994) explains that in these instances the unique meaning of a situation had been missed and was lost. Yet in each case, the meaning could have been found with the help of values, those time tested rules of behavior:

> Mrs. P. might have been more attentive to the distressed woman by heeding the old advice to "love thy neighbor." The elderly man might have accepted his responsibility to speak to the boy's father by acting on his belief in the old virtue of honesty. The son of the unhugged mother might have followed the commandment, "honor thy father and thy mother" (Fabry, 1994; p. 55).

2. Values Represent Opportunities for Value-conflicts.

In the *Doctor and the Soul* Frankl (1965) expressed the idea that values are abstract meanings, that can guide our behavior and simplify decision making when we are confronted with decision making in everyday situations. However, he also recognized that many situations require that we choose one among many available values. That is, that we establish our own personal hierarchy of values in responding to unique situations. In such cases, he maintained that we have to rely on our voice of conscience to avoid value conflicts.

Frankl himself was faced dramatically with a value conflict when he and his first wife arrived in the Auschwitz concentration camp and the time came to say good-bye. When they were about to separate Frankl told her with great emphasis, so that she would understand: "Stay alive at all costs. Go to any length to survive" (Frankl, 1995; p. 34). Frankl (1995) explained that in that moment, he had become aware that in this unique situation it was his responsibility to give her his absolution in advance for whatever she might find necessary to preserve her life: Tilly was a beautiful woman, and Frankl thought that it was possible that an SS officer would become interested in her. "This could be her chance to save her life, but she might feel inhibited by the thought of her husband and the marital vows she had taken" (Frankl, 1995; p. 34). Frankl (1995; p. 34) knew that "...her upbringing had been strictly religious, along traditional lines," and that "...the value of marital fidelity was deeply rooted in her" (Frankl, 1995; p. 34).

Frankl realized that he was faced with a value conflict between two values, both based on the Ten Commandments. One was the commandment not to commit adultery, the other, not to kill. He felt that by not releasing his wife from her moral obligations toward him, he might have become co-responsible for her death: "...for the sake of a husband's narcissism, if I had placed the commandment not to commit adultery above the one not to kill" (Frankl, cited in Fabry, 1994; p. 62). In his conversation with Fabry (1994) Frankl conceded that a theologian might have evaded the dilemma by asserting that there is a hierarchy even within the Ten Commandments. He, however, felt that "...each individual must find the rank of the commandments as the specific situation demands it" (Fabry, 1994; p. 62):

> What I did in Auschwitz was to make a decision in that specific situation whereby I gave second place to the (by us) generally highly regarded value of fidelity, in

> favor of a value which I felt the unique situation demanded: to give "absolution" to my wife to anything she might have to do to save her life. This, I felt, was the requirement, to be sure, that might have been valid neither before nor after this situation. For I do hope that saying good-bye in Auschwitz is a situation that will not occur again (Frankl, cited in Fabry, 1994; p. 62).

3. Value-conflicts are not a Disease.

Frankl always stressed that value conflicts are not a disease. Two of his case examples speak to the importance of confronting value conflicts, instead of denying or suppressing them:

> He [Frankl] relates the case of an American diplomat who came to his office after having undergone psychoanalysis for five years. The patient was dissatisfied with his career and found it difficult to implement the American foreign policy at that time. His analyst had told him to reconcile himself with his father because the American government, as well as his superiors, represented father images. Therefore his dissatisfaction with his job at the American foreign policy was caused by unconscious hatred for his father. The patient accepted the analyst's interpretation until, as Frankl expressed it, "he finally was unable to see the forest of reality because of the trees of symbols and images." After two interviews it became clear that the patient's will to meaning was frustrated with his career. He was longing for some other kind of work. There was no reason for the patient not to switch careers. When he did, his neurotic symptoms disappeared. "I doubt," Frankl commented, "that this man had neurosis at all. He needed no psychotherapy, not even logotherapy. Not every conflict per se--and this is the lesson of the case--is necessarily neurotic" (Frankl, cited in Fabry, 1994, pp. 58-59).[29]

> Ms. B., a young woman, came to the therapist because she was suffering from a severe neurosis and reactive depression. It turned out that her sickness was rooted

in a conflict between the values of her religion and her marital vows. According to her upbringing, her children's religious education was of utmost importance to her; her atheistic husband was opposed to it. The conflict originated in her noetic dimension but caused symptoms of the psychosomatic plane. To treat the symptoms--that *is*, the consequences of the ethical conflict--the psychiatrist prescribed the proper drugs. Then a therapy was begun that concerned itself with the *causes* of her neurosis. This was not possible unless questions of meanings and values were discussed. Ms. B. said that she could lead a pleasant life and achieve peace of mind if she would adjust to the values of her husband and his peers. Her problem was to decide whether she should adjust to these values at the price of giving up her own. This was precisely what she found impossible to do. Adjusting to her husband's philosophy of life, she said, would mean "to sacrifice my own self." She stated, "To renounce my religious convictions would mean a surrender of my self." This remark was crucial. Had she not made it, the therapist could not have advised her. He could neither have encouraged her to adjust to her husband's atheism nor strengthened the patient's insistence on her religious beliefs. But now she has expressed her commitment to religious values, the therapist explained to her that her neurosis was the result of an attempt to repress her spiritual aspirations and that, consequently, her neurosis could not be cured without her being true to herself. Ms. B. Realized that she need not surrender her religious principles to those of her husband but that, for the sake of maintaining these religious principles, any provocation of her husband should be avoided while she gave him opportunities to understand her religious convictions better. The therapist helped Ms. B. regain self-confidence, and this in turn became instrumental in her ability to persuade her husband to agree to a religious education for their children. As time went on, her religious convictions deepened, but not in the sense of institutionalized religiosity. She could face her husband's views and also what she regarded as the superficiality of his peer values with self-assurance and tolerance (Frankl via Fabry, 1994; pp. 59-60).[30]

4. Value Conflicts can be Resolved.

According to Fabry (1994), as Frankl refined his theory over the years, he came to doubt that value conflicts are unavoidable. According to Frankl (1965), values, as "abstract meaning universals," can guide our pursuit of meaning. However, in situations in which we have to decide between contradictory values, our decision is free. In this case, our actions have to be based on our own value hierarchy. It is our responsibility to establish our subjective hierarchy. We are responsible to live up to the demands of our conscience. Our voice of conscience is the "meaning-organ," and a "specifically human capacity to infer the trans-subjective meaning of the situation" (Frankl, 1965; p. 57). Thus, Frankl (1965) concluded that, ultimately, our responsibility can be judged against one choice: whether in establishing our own value hierarchy, we have listened to the voice of our conscience, or we did not.

In his book *The Will to Meaning*, Frankl (1972, cited in Fabry, 1994; p. 56) illustrated that specific meanings, which are unique for each person and for each situation, cannot overlap. They are like non-dimensional points along a line.

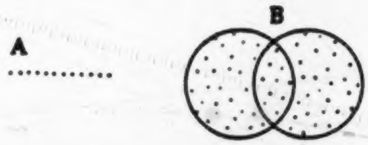


Figure 24: Fabry J. (1994). The Pursuit of Meaning. Institute of Logotherapy Press. Abilene, TX, (p. 56; adapted from Viktor E. Frankl, *The Will to Meaning*, [New York: New American Library, 1970; pp. 56]).[31]

In Figure 24, each dot represents one unique meaning. Example A illustrates the string of specific meanings a person can go through in life, moment by moment. The meanings, once they are realized, cannot overlap and cause conflicts. In Example B, however, each circle represents the universal meanings (values) based on the meaning-experience of many people. These values may overlap, contradict each other, and cause conflicts, and difficulties in decision making. Frankl added that value conflicts are possible only if we consider values along two dimensions. If we consider them in a three-dimensional realm, the conflict disappears.

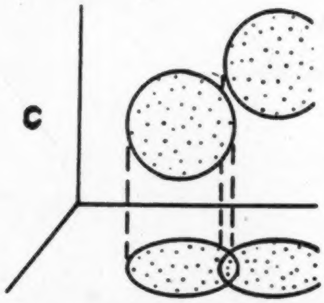


Figure 25. Fabry, J. (1994) The Pursuit of Meaning. Institute of Logotherapy Press, Abilene, TX, (p. 57; adapted from Viktor E. Frankl, *The Will to Meaning*, [New York: New American Library, 1970; p. 57])[32]

Frankl used this illustration to re-state that overlapping takes place only when we remain in the physio-psychological plane. When we rise into the dimension of the human spirit, the values do not overlap but are ranked higher and lower. That means that values do not overlap when we consider human beings in their three-dimensional totality.

In his later reflection on resolving value-conflicts, Frankl (1986) gave the following example:

> Take a certain morning. Shall I devote myself to my wife or look up a patient at the hospital? The conflict disappears when I can see that the value of my personal visit for the sake of the sick is higher order than just being with my wife. But suppose she needs me because she too is sick. Then the choice seems to be one sick person against another. But there is a difference because in one case I am replaceable, and in the other I am not. In the case of my patient at the hospital I can send a member of my staff to look after him. Such questions as "Who is replaceable?" and "Who is unique in this situation?" carry great weight in deciding value conflicts (Frankl, via Fabry, 1994; pp. 62-63).

B. Specific Logotherapeutic Guidelines in the Search for Meaning

1. Meanings can be Found in Five Areas of Life.

According to Lukas (1994) meaning can be found under all circumstances, but it is useful to lead clients toward five areas where they may discover the meaning of the moment. These areas are self-discovery, choice, uniqueness, responsibility, and self-transcendence. Barnes (1995d) summarized each of these areas of meaning:[33]

> Self-discovery: Every time we discover truth about ourselves, meaning shines forth. We have an "Ah-hah! experience." We get a glimpse of the authentic self beneath all the shells and the masks which we have put n for self-protection, not only against who we are but also against who we can still become. When we respond to the meaning of the moment as an authentic self, the meaning, too, will be authentic.
>
> Choice: Whenever we feel trapped, without a choice, life seems meaningless. To list our choices, even the less practical and the ridiculous, helps to discover the meaning of the moment. And we must remind our clients that their choices include changes of attitude in situations which themselves cannot be changed.
>
> Uniqueness: Whenever we feel that we are replaceable--by someone else, or, worse, by a machine--life will seem meaningless. We have to find areas where we are irreplaceable, even though on a small scale. The two areas where our uniqueness is most likely to be seen are human relationships and creativity. Only you can relate to a friend, a child, a parent the way you do; and only you can make this particular painting, sculpture, or poem. The relationship may not be ideal, the painting no masterpiece, but it is exclusively yours.
>
> Responsibility: To respond to the meaning offerings of the moment is to act in response. Frankl distinguishes two kinds of responses: one follows outer guidelines--those of parents, society, custom--and Frankl calls these

"responsibility;" the other follows our inner guidelines, our conscience, and Frankl calls these "responsibleness." A meaningful response will follow our inner guidelines, but it must be remembered that in ordinary situations, the inner guidelines usually coincide with the values of society. To do one's duty is as meaningful as to follow one's own commitments, if we accept the duty as a meaningful response to a situation. Meaning is not automatically found by rejecting all outside authority, but some responsibility is needed. Freedom without responsibility does not result in meaning but in chaos.

Self-transcendence: The fifth and therapeutically the most useful area where meaning can be found is self-transcendence, the human capacity to reach beyond ourselves to other people in love and other causes to make our own. It is not a call to become unselfish as such, but to include others in our own interests. By doing things for others, people help themselves even more. This is therapeutically important because it provides help in exactly the area where people feel defeated: only an alcoholic can help other alcoholics by his example; a divorcee can help other divorcees; a person in a wheel chair, others in similar circumstances (Barnes, 1995d; pp. 16-18).

2. Three Value-categories can Guide our Search for Personal Meanings.

Often, said Frankl (1965), we find that patients complain that their lives have no meaning because they have lost opportunities that they had before, or they have no means to actualize values which they considered paramount in their lives. In logotherapy, we can reassure them that what is more important then what one does is how one does what one can still do. That, perhaps, "...when we respond to a unique call in our 'small' lives then we can accomplish much more than what great statesman can ever achieve with one draw of the pen, affecting the lives of millions, if their actions are done without regards to the voice of their conscience" (Frankl, 1965; p. 35). Life can be made meaningful in a threefold way (Frankl, 1967; p. 29), by realizing three categories of values. Even when one's ability to actualize one set of values is lost, the door leading to the other two sets of values might still be open.

Frankl termed the first category of values, values which can be realized by a new creation--as "creative values" (Frankl, 1986; p. 87). An achievement or accomplishment may be regarded as proof to the creative values or those deeds that we give to the world through our creativity. It does not matter which area of life we contribute to, as long as this deed moves ourselves, our group, our family, our society, or humanity forward.

There are also values, which are not dependent on creation, and giving something to the world. Rather, these values come to life as we take something from the world. Frankl (1986; p. 87) termed the second category of values "experiential values." We realize experiential values as we experience the beauty of nature or artistic creations. With respect to experiential values, Frankl (1965) mentions that as we attempt to evaluate the value of our lives, often what we notice first are those moments in which we experienced happiness, satisfaction, and joy. Even if we deem that these moments were rare, the ups-and downs of our life can be likened to a mountain-range. Symbolically speaking, the "height" of a mountain range (the value of one's life) is never estimated from the height all the peaks (evaluation of all the ups-and-downs). It is rather given in the height of the tallest peak. Frankl (1965) used this metaphor to illustrate that even if our life was not rich with happy memories, we can still count that unique experience for which we can say it was well worth living.

Frankl posited yet a third category of values, "attitudinal values," (Frankl, 1986; p. 88) which still represent meaning potentials, even when one's capacity both to create and to experience are lost. Attitudinal values refer to the attitude one takes toward fate, events in life which cannot be changed. It can be seen in courage when faced with suffering, and in dignity when confronted with unchangeable events. The possibility of these values proves, said Frankl (1965) that human life can have meaning until one's last breath.

As life changes, so does our opportunity to realize meanings in these three value-categories. Frankl (1965) cited the example of one of his patients at the Steinhof Hospital to illustrate the principle, that, "Life does not owe us happiness. It offers us unconditional meaning" (Barnes, 1995):

> In the book "Artzliche Seelsorge" (Medical Ministry) he presented the case of a younger man who was hospitalized because of an inoperable tumor in his spinal cord (Frankl, 1965). He was partially paralyzed and had to give up his job a long time ago. He could no longer actualize creative values. However, the realm of experiential values still beckoned him: He conversed with other patients to increase their courage and faith, and he listened to music on the radio. As the disease progressed, he lost every sensation in his hands. Soon, his arms were paralyzed. He could no longer turn on the radio, or hold a book to read. Then, he turned to the actualization of attitudinal values. "At least, how else could one explain his behavior? How did he win the recognition of the hospital staff and the patients as a caring counsellor, and an ideal?" (Frankl, 1965; p. 62).

This patient, continued Frankl (1965), faced his suffering with courage. A day before his death--he was aware of his impending death--he asked the practitioner on the afternoon round if he could receive his injection of morphine in the evening instead of receiving it at a certain hour late at night which was usually the case, according to the schedule. He knew that the general practitioner on duty would have to wake up late at night to give him his injection and he said that he wanted to make sure that the doctor could have a peaceful rest, and did not have to wake up just because of him (Frankl, 1965).

C. The General Process of Logotherapy with Individuals who Experience Existential Distress

According to Lukas (1994), emotionally healthy individuals are able to integrate their past experience with their present and future expectations. Emotionally disturbed individuals, on the other hand, have a tendency to focus either on a fragment of their past experience, or, on their future expectations, to the extent of ignoring the continuity and flow of their experience. Dwelling on past negative memories or future high expectations can prevent people from realizing meaning in the present. Seeing no meaning in life, as we discussed above, can lead to neurotic thought patterns, characterized by anxiety, or depression, and a feeling of helplessness and hopelessness.

The general guidelines for existential therapy for people who are experiencing existential distress were provided by Lukas (1994) in "*Psychotherapie im Wurde*" (Psychotherapy with Dignity), under the heading "practical guidelines for recovering the Basic Trust in Being." The "steps" (Lukas, 1994; p. 57) which we will present below can be applied in successive stages, or as approximate guidelines to therapy:

1. Evaluating Life in Terms of "Gifts" Received.

The first principle among Lukas's (1994) guidelines is to help clients re-evaluate their lives in terms of "gifts" received. Life, with its positives and negative events in the past represents opportunities to which one can respond in the present. One can also anticipate other positives and negatives in the future. However, future events are yet to be realized. At the present, they are mere possibilities. As one reconsiders life this way, it becomes apparent that nothing in life is determined in advance. Only we can choose how we will respond to what happens to us in life. The question that beckons us is not what will happen, so much as how we can give our best response to whatever we will have to face in the future. As we have been given opportunities in the past, so we can say that we have been "invited." This is an assurance that we are also called in the present. We are awaited by life. This means that our life has value under all conditions.

2. Pinpointing Hardships as Opportunities to Respond to an Inner Call.

The second principle, according to Lukas (1994) is this: If we are invited to accomplish a meaningful task than our weaknesses cannot hinder the completion of this mission. As we have been called in the past, so are we awaited in the present. When we recall events that have happened to us in the past, we may realize that meaning is often hidden from our eyes, either because we do not see it at the time, or because it exists in a dimension unattainable to us. However, if there is meaning, there is a call to respond to, a call, that, as our experiences show, has been there all along.

3. Highlighting Clients' Ability to Respond to their Inner Call.

As the ones being called, we have the ability to respond to the call, according to our best ability. This requires that we access our inner resources, the resources of our spirit. If we listen to our inner call--to the voice of our conscience--than we are able to respond to the voice of the transcendent. Our outlook on life can change dramatically when we take another look at our values, and those ideals that we consider important, but have temporarily forgotten about. Frankl lists four therapeutic guidelines that can guide this search when our values include religion: (1) "We cannot speak about God, but only to God" (Frankl, 1972, p. 67); (2) "Ultimately, all values converge in one highest point, the Almighty" (Frankl, 1972; p. 68); (3) God is the partner of our most intimate dialogues" (Frankl, 1975b; p. 114); and (4) "We are not driven to true religion, rather we choose to abide by it" (Frankl, 1975b; p. 58).

4. Supporting Decision Making and Commitment to Action

Therapy can be helpful in many respects. However, clients have to undertake the final stage on their own. The therapist cannot do it for them. The decision to act on one's inner call has to be a personal resolution and is most-effective and long-lasting when we decide for it by ourselves. Therapy can enable clients to see their choices more clearly, and it supports them in their decision, but the therapist should never take away the responsibility that goes with the decision making. Without this reservation we would not allow clients to follow the thread which genuinely runs through their lives and we would compromise the most important value in therapy: human dignity (Ungar, 1997).

VI. Reflections on The Process of Logotherapeutic Counselling

A. The Concept of Pacemakers and Peacemakers

Frankl (1996b) stated that one can genuinely strive to follow ideals that he or she perceives to be meaningful, or not. In the first case, one increasingly becomes aware of his or her own short-comings and consciously strives to overcome them. In the second case, one follows the opinion and the leadership of the majority of individuals in society, and is not concerned with his or her personal development. Viewed from this angle, said Frankl (1967; p. 26), we might distinguish between people who are "pacemakers" and people who are "peacemakers:" Pacemakers, said Frankl (1967), confront us with meanings and values, thus supporting our meaning orientation. Pacemakers, on the other hand, strive tô alleviate the burden of meaning confrontation.

Frankl (1967) continued to say that peacemakers appease people because they try to reconcile them with themselves: "Let's face facts," they would say, "Why worry about your shortcomings? Only a minority live up to ideals. So let's forget them; let's care for peace of mind, or soul, rather than those existential meanings which just arouse tension in human beings" (Frankl, cited in Fabry, 1994; p. 87).

Frankl (1962) cautioned that what the peacemakers overlook is the wisdom laid down in Goethe's warning: "If we take man as he is, we make him worse; if we take him as he ought to be, we help him become it" (Frankl, 1967; p. 27).

Logotherapy advocates that counsellors should see their clients in their two-fold reality: once, as they are, and twice, as they can be, in order to help them become the kind of persons who they "ought to be." It recognizes that growth, sometimes requires that we follow our own conscience in the accomplishment of a task that is our responsibility. Unless we confront ourselves and our clients with our responsibility, thus, with not only who we are, but who we can be, we do not advance from the level of "peacemakers," to being "pacemakers."

> Frankl (1967) describes this developmental process as follows:
> Once meaning-orientation turns into meaning-confrontation, that stage of maturation and development is reached in which freedom--that concept so emphasized by existential philosophy--becomes responsibleness. Man is responsible for the fulfillment of the specific meaning of his personal life. But he is also responsible *before something*, or *to something*, be it society, or humanity, or mankind, or his own conscience (Frankl, 1967; p. 27).

In therapy, said Frankl (1967), a logotherapist is not entitled to consciously influence the patient's decision as to how to interpret his own responsibleness, or as to what to embrace as his personal meaning. Although our conscience is "subject to error" (Frankl, 1967; p. 28) our responsibility is to follow its guidance as best as we can:

> Anyone's conscience, as anything human, is subject to error, but this does not release us from the obligation to obey it--existence involves the risk of error. We must risk committing ourselves to a cause not worthy of our commitment (Frankl, 1962; p. 28).

B. An Illustration of the Confrontation with Meanings as an Existential Decision

The following illustration, provided by Elisabeth Lukas (cited in Barnes, 1995) demonstrates the way counsellors can apply logotheory's general principles to the lives of individual clients:

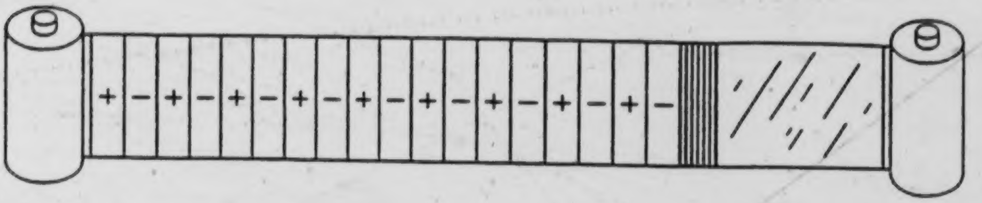


Figure 26. Viktor E. Frankl, MD, PhD, via Elisabeth Lukas, PhD, cited in Barnes, R. (1995). Logotherapy and the Human Spirit. Unpublished Manuscript. Hardin-Simmons University, Abilene, TX. (p. 26).[34]

The illustration depicts a roll of camera film which is used to represent an individual's life. The heavy black line of the film represents the moment of death. The remainder of the film cannot be exposed. At the end of life, the film is completed. We have no more exposures on our film, we have no more life. We are our life. The length of our life is not important, only the quality is important. The quality of our life is determined by what is "ours"' (our merit or our guilt). In the illustration of the camera film that is used to represent our life, each past event, each "slide," "print," or "exposure" represents an even in our life. What happened because of us is the answer we gave to the "scenery" on our life's "film." This is what we allowed or helped through the door when we were the gatekeeper. Many of the scenes on our "film" deserve a plus sign (as seen in the Illustration above). Others surely deserve a minus (Barnes, 1995; p. 25).

...Logotherapy teaches that one meaning of our life is the light we have brought into the world. The light we brought into life is eternal, it can never be made into darkness. We should help others to see the eternal light in their own lives. One gift we can give to others is to reassure them that they have not lived in vain (Barnes, 1995; p. 26).

In concluding this lecture series, Dr. Lukas asked participants to think of a mountain range. When thinking of a mountain range, one thinks of peaks, not the valleys. Think back on your life. Recall the summits, the heights, the peaks that you have achieved. Yes, there are valleys between some of your peaks. In retrospect, some of those valleys made the heights more beautiful; some of the low point in your life made the peaks you later achieved seem more meaningful. How were you able to achieve the summits in the mountain range of your life?

Dr. Lukas concluded this poignant illustration by saying, "Speculate on the yet unexposed part of your life's "film." There are valleys into which each of us will descend. And there are beautiful peaks to which we yet may climb. Often we realize the greatest meaning in our accomplishments when we are aware that we have helped another along the way. There are only so many exposures left on our life's "film." What are your goals for the remainder of this phase of your life? Logotherapy teaches that each person's life is his/her own responsibility. Life does not owe us happiness; it offers us meaning! (Barnes, 1995; pp. 26-27).[35]

Reflection

A review of life from an existential perspective is most effective when clients seek to integrate their life experiences into a meaningful whole, and when they search for meaningful goals that they can accomplish. Above we saw how logotherapeutic principles can be helpful in alleviating existential frustration and existential vacuum. Now, before we turn our attention to diagnostic considerations in logotherapy, and the use of logotherapy in the treatment of noogenic and other types of neuroses, we have to consider yet another quadrant of the diagram of existential dynamics (in Figure 23).

Thus far, we have not considered the lower left quadrant, the quadrant representing experiences that fall between failure and despair. This quadrant illustrates the domain of genuine human suffering. Unhappiness, that was caused by tragic life events, feelings of guilt, pain, or confrontation with death.

No one is exempt from experiencing suffering at times in our life. Responding to human suffering, on the other hand, might require our familiarity with methods and principles other than the existential life-review, which, as one would anticipate, might not lead to consolation and healing in cases of extreme trauma. How does logotherapy acknowledge the reality of human suffering and what guidelines does it offer to therapists who are trying to help their clients deal with these life events? Our research continues with attempting to answer this question.

CHAPTER 7: LOGOTHERAPY'S RESPONSE TO THE "TRAGIC TRIAD" OF HUMAN EXISTENCE

> "We cannot do anything about the fact that the birds of worry and distress fly over our heads--we can, however, prevent them from building nests in our hearts."
> (Chinese proverb)

Introduction

According to Frankl (1965; 1967, 1994), there are three facets of human existence which can confront us with the challenge to find deeper meaning in life. These are pain, guilt, and death (Frankl, 1967; p. 92). In logotheory, pain, guilt, and death are known as the "tragic triad of human existence" (Frankl, 1967; p. 92). Frankl (1967) explained that pain refers to the reality of human *suffering*; guilt to the awareness of our *fallibility*; and death to an awareness and confrontation with our *mortality*.

Frankl (1965) emphasized that the contents of the tragic triad are not subject to repression, and they do not represent the instinctual aspect of our being. On the contrary, when we are aware of them, pain, guilt, and death can make us more perceptive of our spiritual aspirations. Frankl (1967) maintained that in our society, neuroses are more likely to originate from an attempt to obscure the reality of pain, guilt, and death as existential facts, than from repressed sexual impulses, which might have been the case in the Victorian era. Therefore, he stressed that pain, guilt and death should never be explained away, but rather acknowledged and dealt with in therapy (Frankl, 1967).

I. Logotherapeutic Approach to Suffering

A. Theoretical Considerations

Frankl (1994; p. 130-146) summarized logotherapy's considerations that apply to suffering under the title "*Metaclinical Pathodizee*." Below is an abbreviated version of my translation of this text from the German into the English language. In writing a concise version of this text, I first divided it according to major themes Frankl discusses. Next, I molded each theme to fit into the flow of this dissertation. In this process, I omitted some of Frankl's (1994) original paragraphs, summarized some of his statements, and provided further explanations from secondary sources of literature. Especially in the introduction, I tried to retain as much as possible from Frankl's (1994) original, comprehensive, and personal style of presenting his ideas.

1. The Reason of Human Suffering

Previously, we described three ways in which meanings can be realized: either through a creation, an experience, or thorough the attitude that we take toward events which can no longer change. In reference to attitudes, however, we have to realize that, unlike animals, who are able to perceive only pain, we, human beings, are confronted with not only the cause, but also with the reason of our suffering. The question that we ask ourselves when we have to face suffering is: "*Why* do we have to suffer?" (Nietzsche, cited in Frankl, 1994; p. 131).

Frankl's (1994) presentation of logotherapy's response to human suffering begins with considering exactly this question: "*What is the reason for suffering?*"

As one might notice, this is not the first time that the word "reason" appears in Frankl's terminology. In fact, he uses the same word in referring to the an "Ultimate Reason" for our being, or to "Ultimate Meaning" (Fabry, 1994; p.34). In this context, Frankl (1994) states that we cannot help our clients realize ultimate meanings, because such meanings are hidden from our eyes. They exist in a dimension that is not accessible to us humans. What we *can* do in counselling psychology, however, is to guide our clients toward the realization of concrete meanings.

In a similar vein, Frankl (1994) claims that we cannot understand the reason of our suffering. It is the task of theology and not of psychology to try to find answers to the question of the reason of human suffering (Frankl, 1967). Notwithstanding, under the title, "*Metaclinical Pathodizee*," Frankl (1994; p. 130) sets out "...to illuminate that we can answer the question 'why suffer' only with *what* response we give to suffering, and *how* we respond to suffering which is unavoidable" (Frankl, 1994; p. 131). This is then the area where logotherapy's tenets can be applied.

2. The Nature of Human Suffering

Another ramification for the application of meaning-oriented therapy in counselling psychology has to do with the nature of human suffering: By suffering Frankl (1994) means unavoidable suffering. Unavoidable suffering is related to a *fate* which can not be changed. Only when our suffering can not be alleviated with any available means, but we have to face and accept it, is it meaningful to talk about meaning in suffering (Frankl, 1994). A suffering which is accepted by a person but is not necessary, and it could be either avoided or alleviated can not have meaning. Related to this is Frankl's (1994; p. 138) contention that "to suffer unnecessarily is masochism rather than heroism."

On the other hand, when suffering cannot be avoided, it becomes unique to our situation. It becomes a unique challenge in our lives, to which we have to find the right response (Frankl, 1994; p. 131). When we are not able to change a situation any longer, we still have one area of freedom. This freedom is available to us in the dimension of our spirit. It is manifested in our ability to chose the right attitude toward the suffering that we have to endure (Frankl, 1994; p. 131).

3. Our Attitudinal Response to Suffering

According to Frankl (1994), in the dimension of the human spirit, we can become the master of our fate, not the victim, even in the face of limitations. Unavoidable suffering gives us the opportunity to bear witness to the human potential at its best, which is to turn tragedy into triumph: "Whenever one is confronted with an inescapable, unavoidable situation, whenever one has to face a fate that cannot be changed, e.g., an incurable disease, just then is one given a last chance to actualize the highest value, to fulfill the deepest meaning, the true meaning of suffering" (Frankl, 1986; p. 178). According to logotheory, what matters most of all is the attitude we take toward suffering, the attitude in which we take suffering upon ourselves. "Suffering ceases to be suffering in some way at the moment it finds meaning" (Frankl, 1965b; pp. 178-179).

Frankl referred to our ability to distance ourselves from our physical pain and to see a deeper meaning in terms of what could be our best response to it as the "defiant power of the human spirit" (Frankl, 1967; p. 102). He used Tolstoy's novel "*The Death of Ivan Illich*" to illustrate that the defiant power of the human spirit always directs us to "what can still be done, rather than that which is already accomplished" (Frankl, 1994; p. 132). This means responding to the call to realize meanings, until life's very end.

4. The Value-triad and Suffering

Lukas (1986) pointed out that throughout Frankl's writings, there seems to be a paradox: "He sometimes speaks of attitudinal values as the 'ultimate' or the 'highest' way to find meaning (Lukas, 1986; p. 137). Lukas (1986) goes on to say that she was puzzled by this paradox, because she always thought of creative and experiential values as superior to attitudinal values: Creative values and experiential values issue from free will, while attitudinal values are forced on us by fate.

It is my choice to repair a broken machine thus realizing a creative value, or to enjoy sunset on a beach, realizing an experiential value. I could have chosen to do something else. I have no choice, however, if I am sick and helpless in a hospital. I *have* to bear my suffering, bravely or not, so I may as well make the best of a bad situation.

But I now know it is not that simple (Lukas, 1986, p. 137).

Lukas (1986) continues:[36]

I learned this while finishing my studies at the bedside of my mother who was dying of cancer.

We desperately tried to find words of comfort during her last days, but she began to *comfort us* and developed incomprehensible strength although her body became weaker and weaker. She "realized attitudinal values," not to find meaning, and certainly not to make the best of her hopeless situation, but for *our* sake. She acted with courage, not to overcome her own suffering but to alleviate ours. It seemed impossible but she succeeded (Lukas, 1986; p. 137).

Since then I know why Frankl ranks attitudinal values so high. When we realize attitudinal values we become an example, and this contains a hint of immortality. Every example is passed on to others; it has no meaning without relationship to others. An example transmits itself by motivating others to do likewise, and new examples are created for the next "other." This is true for positive as well as negative examples. Attitudinal values are truly positive examples, the *propagation of the good.*

Compared to this, creative and experiential values pale in significance. They are primarily for our own gain, and only secondarily useful for others. I do not want to belittle creative and experiential values, especially in the form of love; they underpin our lives. But they are not free of egocentricity or clearly distinguishable from "lower" motivations or needs gratification. In creative and experiential values purpose and value overlap. The building of a one-family house satisfies the "nesting instinct," the need for security, perhaps for power and prestige, while at the same time fulfilling the meaning of a particular stage in life. Experiences are always closely linked with emotions and drive gratification. Their values lie in the "more" beyond the instinctual. For creative and experiential values it is difficult to estimate how much self-interest and need gratification is behind them, and whether they are to be interpreted through depth psychology or by height psychology that includes explorations of spiritual longings as well as psychological drives.

Not so with attitudinal values. They cannot be explained by depth psychology. There is no gratification of needs, no gain, no self-centered purpose. What distinguishes attitudinal values is that they benefit others, and not necessarily the person creating the new attitude. Frankl says of persons realizing attitudinal values that "they bear witness to what a human being is capable of." By bearing witness these persons set examples of achievement that live on in their "audience" (Lukas, 1986, p. 138-139).

5. Values and Existential Dynamics in Unavoidable Suffering

In reflecting of existential dynamics, which we discussed under the topic "Meaning as an Existential Decision," Frankl (1994) said that, as we usually think about our lives in terms of success and failure, we sometimes by-pass an another dichotomy between fulfillment, and despair. Considering the two continuums in a diagram, four response possibilities to life become apparent (please refer to Figure 23): fulfillment as a result of success, despair, despite success, fulfillment, despite failure, and despair, as the result of failure.

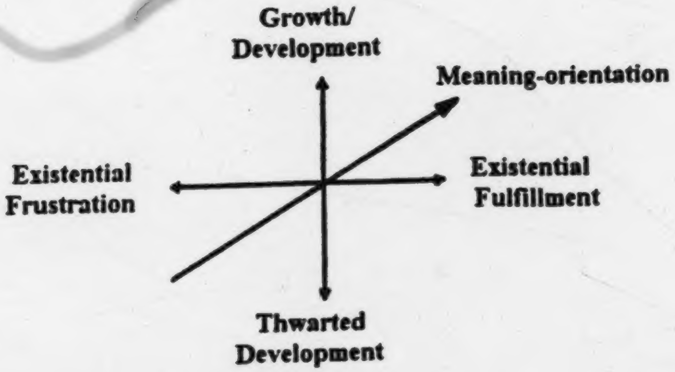


Figure 27: Ungar, M. (1997). The International Forum for Logotherapy, 20(2), 114.[37]

The *Homo Sapiens*, writes Frankl (1994; pp. 131-132), who sees and thinks only in terms of success and failure, misses what is available to the *Homo Patiens* (the suffering human being): the realization of a meaningful activity which results in inner fulfillment, despite "failure."

This makes us aware that attitudinal values can be considered 'higher.' However, they can also point to the link with the other values: According to Lukas (1986), all three values are equal in the sense that they make up the entire span of human meaning. Furthermore, there is no meaning fulfillment which does not manifest itself in at least one of the three values (attitudinal-, creative-, or experiential values; Lukas, 1986).

Frankl (1994) compared the three value categories--creative, experiential, and attitudinal values--to the three-dimensional nature of human existence (which we discussed under the title, the "Anthropological Foundations of Logotherapy;" i.e., Figure 4). Similarly as the dimensions of human existence (body, mind, and spirit) cannot be considered in isolation, but only as three dimensions of one and the same human being, Frankl (1994) stated that the *Homo Sapiens* cannot be understood apart from its expression in the form of the "*Homo Faber*" (creating human being); the "*Homo Amans*" (the loving human being); and the "*Homo Patiens*" (the suffering human being; Frankl, 1994; p. 132).

In relation to the above, Lukas (1986) wrote:

> I discovered this when working on my dissertation. I asked 1, 000 persons selected at random what they considered the most important meaning in their present lives. All answers, diverse as they were, could be classified, without exception, within one of the three values. In round figures, 50% were creative, 25% experiential, and 25% attitudinal. For this reason, I speak of an "active" and a "contemplative" half of the human meaning horizon.
>
> I did not immediately realize that here was the key to the paradox because I misunderstood the equal rank of the three values to be an either-or. In reality, it is not that we realize one value or another, but that *everything* we realize--all that is positive, good, and meaningful--belongs to the totality of the value triad. Equal rank does not mean the three exist next to each other, but that they make up a unity with differing emphases, with room for *every* meaningful human thought, act, strivings, feeling, and suffering.
>
> This helps me to make use of the logotherapeutic value system in counselling. I no longer think I must motivate clients to realize one of the three values--this only arouses resistance. I know now that everything positive in the clients' lives is reflected in the totality of the value-triad; I need only to help them find the positive (as in the dereflection group), for them to realize their lives are filled with meaning. It is a mistake to believe that life is "empty" or "full of meaning" like a sack with few or many socks. Life has meaning under all circumstances even when unnoticed. We have to draw the attention of the suffering client to what is left instead of what is missing. There is a great deal left--in every situation (Lukas, 1986; p. 140).

6. The Concept of Tragic Optimism

Logotheory's "tragic optimism" (Frankl, 1965b; p. 139) rests on a unified perception of time. It is customary for us, says Frankl (1994) to think of life in terms of past, present, and future. We put those things which have happened some time ago into our past. These are events which are 'behind us' now. However, as we can speak about ultimate meaning, so we can speak about "ultimate being" (Frankl, 1994; p. 142). Nothing that we endured in the past, nothing that we suffer in the present goes unnoticed, because our response to these events can never be annihilated. In Goethe's words: "No power on earth can rob us of our experiences" (Frankl, 1994; p. 142). This means that nothing that we endured, suffered, and faced with courage can ever be taken away from us. They remain our merit. We can face any suffering if we can find meaning in it. Therefore, another quotation that Frankl (1967) frequently cites in relation to the tragic optimism is Nietzsche's statement that "he who knows a 'why' for living will surmount almost every 'how'" (Frankl, 1967; p. 106).

7. The Universality of Unavoidable Suffering

Paul Tournier (1965) reminded us of the universality of unavoidable human suffering when he wrote:

> There is no life exempt from suffering. There is no life which, from birth, does not already carry the weight of hereditary weaknesses, no life which does not suffer emotional shocks in childhood, which does not suffer daily injustices, hindrances, injuries, and disappointments. To all this pain must be added sickness, material difficulties, bereavement, old age, worry about loved ones, and accidents. In the lives of even the most privileged there is something that is hard to accept (Tournier, cited in Barnes, 1993; pp. 16-17).

According to Guttmann (1996), logotherapy recognizes three categories of suffering: (1) Suffering which is associated with an unalterable circumstances; (2)

suffering which comes as a result of an emotionally painful experience; and (3) suffering which arises out of the perception of one's life as meaningless. Below, we will examine some poignant case examples which speak to logotherapy's response to these three categories of suffering.

B. Logotherapy's Response to Human Suffering

1. Suffering which is Associated with Unalterable Circumstances

Lukas (1986) writes that logotherapy has no explanation for cruel acts of fate, but that "it can help find meaning potential behind the depressing chance quality of life" (Lukas, 1986; p. 146):

> The meaning of chance lies in our response. Only we can decide the meaning or meaninglessness of accidental events. Chance decides what happens, but we decide how to take it. Chance has power over our life, but we have power over its meaning (Lukas, 1986; p. 147).

In this respect, let's consider the following examples:

> Case 1: Once, an elderly general practitioner consulted me because of his severe depression. He could not overcome the loss of his wife who had died two years before, and whom he had loved above all else. Now how could I help him? What should I tell him? Well, I refrained from telling him anything, but instead confronted him with a question, "What would have happened, Doctor, if you had died first, and your wife would have had to survive you?" "Oh," he said, "for her this would have been terrible; how she would have suffered." Whereupon I replied, "You see, Doctor, such suffering has been spared her, and it is you who have spared her this suffering; but now, you have to pay for it by surviving and mourning her." He said not one word but shook my hand and calmly left my office (Frankl, 1967; p. 38).[38]

Case 2: One of my doctor friends, a religious man, has five children, the last born a mongoloid [Down's Syndrome]. He was shocked to realize that all his medical knowledge was not sufficient to cure the child. But he found a meaningful response: "My wife and I try to imagine how God, as He deliberated to whom to send this handicapped child, decided on us as a family because He trusted in our strength to give this child as much love and protection as it needed. We are thankful for this trust and will try to show ourselves worthy of it (Lukas, 1986, p. 147).[39]

Case 3: I know of a young man who, at the age of 17, was a baseball player on the brink of a professional career as a pitcher. However, on a hot summer day in the middle of July, 1977, this young man went swimming with some friends in an irrigation canal used by local farmers to water their fields. As he dove in the water, his head impacted a concrete-hard ridge of sand. The result was a broken neck that rendered him totally paralyzed. The injury was not only emotionally totally devastating, but life threatening. After several months of painful rehabilitation, he was discharged from the hospital. Instantaneously, his life had been transformed from one athletic prowess into virtual complete physical dependence on others. However, instead of giving up on life, this man was determined to become a success by intuitively utilizing what Frankl calls the defiant power of the human spirit.

He continued his education from a motorized wheelchair and graduated high school on schedule in May 1978. He began college in the Fall of 1978 and went on to earn a doctorate in Clinical Psychology in May of 1990. The critical factor in his recovery and achievement was that, although paved with obstacles, he never gave up. His credo for life became, "I broke my neck, it did not break me."

I am happy to report that this young man has done countless hours of psychotherapy with hundreds of patients and has taught university level courses

> for the past eight years. He loves to teach and was awarded a national teaching excellence award in 1993. He is happily married; he and his wife plan a family in the near future.
>
> The point I am trying to make is that meaning and purpose in life may be derived even under drastic circumstances. Regardless of plight, meaning in life may be found if one doesn't give up. The reason I know this to be true is because the young man about whom I write is me (Long, 1995; p. 62).[40]

As we have seen, logotherapy can help victims of unavoidable tragic life circumstances by redirecting their inner resources from preoccupation with their condition toward healing, toward their rediscovery of the "*Homo Patiens*," the suffering person, who is capable of distancing him-, or herself from pain, and transcending it in spirit. Despair can be alleviated by pinpointing the resources of the human spirit. As it can be seen in the above examples, these include love, ideas, ideals, creativity, humor, awareness of time and death, meaning-orientation, and self-transcendence. Meaning-oriented therapists can help clients avoid despair by realizing their uniqueness and dignity as they face singularly challenging life-situations.

2. Suffering which Results as an Emotionally Painful Experience

Logotherapy's response to suffering which results from an emotionally painful experience can be captured with this sentence: "Do not ask what you can expect from life. Rather, what life is expecting from you" (Fabry, 1994; p. 42):

> Case 1: Let me recall that which was perhaps the deepest experience I had in the concentration camp. The odds of surviving the camp were no more than 1 to 28, as can be easily verified by exact statistics. It did not even seem possible, yet alone probable, that the manuscript of my first book which I had hidden in my coat when I arrived to Auschwitz, would ever be rescued. Thus, I had to undergo and to overcome the loss of my spiritual child. And now it seemed as if nothing

and no one would survive me: neither a physical nor a spiritual child of my own! So I found myself confronted with the question of whether under such circumstances my life was ultimately void of meaning. Not yet did I notice that an answer to this question with which I was wrestling so passionately was already in store for me, and that soon thereafter this answer would be given t me. This was the case when I had to surrender my clothes and in turn inherited the rags of an inmate who had already been sent to the gas chamber immediately after his arrival at the Auschwitz railway station. Instead of the many pages of my manuscript, I found in a pocket of the newly acquired coat one single page torn out of a Hebrew prayer, "Shema Yisrael." How should I have interpreted such a "coincidence" other than as a challenge to live my thoughts instead of merely putting them on paper? (Frankl, 1963; pp. 181-183).[41]

Case 2: One day in camp two people sat before me, both resolved to commit suicide. Both used the phrase which was a stereotype in the camp: "I have nothing more to expect of life." Now, the vital requirement was to have the two undergo a Copernican reversal such that they should no longer ask what they could expect from life, but were made aware of the fact that life was awaiting something from them--that each of them, indeed for all, somebody or something was waiting, whether it was a piece of work to be done or another human being.

But what if this waiting should prove to be without prospect or fulfillment? For they surely are situations in which it is certain that a man will never again return to a job or will never see a certain person again, and this it is really true that no one and nothing is waiting for him any longer. But even then, it turned out, in the consciousness of every single being somebody was present, was invisibly there, perhaps not even living any longer but yet present and at hand, somehow "there" as the Thou of the most intimate dialogue. For many it was the first, last, and ultimate Thou: God. But whoever occupied this position, the important thing was to ask, What does he expect of me--that is, what kind of

> an attitude is required of me? So the ultimate matter was the way in which one understood how to suffer, or knew how to die (Frankl, 1967; pp. 106-107).[42]
>
> Case 3: I have long believed in the concept of the wounded healer. Those who show an undefeated spirit in desperate circumstances can do something for us that others cannot do.
>
> Several years ago I heard Rollo May who was 75 at that time. During the question period a woman asked, "Dr. May, you have talked about the wounded healer, but have you known any suffering in your own life? You're an internationally famous psychologist, a widely recognized author. Did you experience any suffering that helped you become the sensitive therapist you are known to be? How might the concept of the wounded healer apply to you?"
>
> May responded, "I am the second child born to a schizophrenic mother. My older sister is schizophrenic and has been confined for years in a mental hospital. As soon as I could walk, I learned to get out of the house. I became a loner and was very sensitive. My father abandoned us when I was four. I fought malaria and was hardly ever without fever from the time I was 20 until I was nearly 30. I also suffered from tuberculosis. From my academic training I gained knowledge to help others, but from my experiences I gained the desire and ability to help them" (May, 1984; cited in Barnes, 1993; p. 17).[43]

As apparent in the above examples, we can not realize meanings if we allow ourselves to wallow in suffering and to be the slaves of our past. This does not mean that we should ignore tragic life circumstances. However, what is required from us is to think about how we could use those experiences which we have gained as a result of this suffering for our good, and for the good of others around us. Even the way we face our emotional pain can give courage to others who are facing a similar fate.

3. Suffering which Arises out of the Perception of one's Life as Meaningless

Frankl (1962) compared suffering to air which fills a container. No matter how thick its density, the air fills the container completely. He used this example to say that an empty life can cause as much pain and suffering as suffering which is related to unalterable fate, or emotionally painful experiences. However, in the *Doctor and the Soul*, Frankl (1986) called this third type of suffering "a fundamental human suffering, which belongs to human life by the very nature and meaning of life" (p. 91). Frankl believed that suffering from a meaningless life, as the two other types of suffering "...can serve the purpose of guarding us from apathy, for as long as we suffer, we remain psychically alive. In fact, we mature in suffering, grow because of it--it makes us richer and stronger" (Frankl, 1986; p. 88). Next, we will consider how this principle can be used in counselling psychology:

> Case 1: A woman, around 30, had a thorough organic checkup because she felt moody and apathetic. When the doctor told her that the examination showed her to be in perfect physical condition, she reacted unexpectedly. If she was healthy and no one could help her, she burst out, she might as well commit suicide. The doctor sent her to our counselling center.
>
> The woman could not give any reason for her negative attitude. "I'm well off," she said, "but I don't enjoy living." "Were you always well off?" I asked. She thought for a while, then told me that she had to interrupt high school when her parents divorced, found minor employment, been ambitious and worked hard in evening classes to attain a high school diploma. She entered civil service, worked conscientiously and reached the highest level available, tenure with full pension.
>
> "Was this the time your apathy began?" I asked. She admitted that this could be so. "Then, I think I know what you need," I ventured. "You need a goal. All your life you have been ambitious, and now suddenly you have reached your goal and cannot advance. But you have too much mental energy to stand still, you

need challenges, new areas of activity. To be well off is not enough, standing still does not satisfy human nature." The woman listened attentively and was no longer uninterested. "You are right," she said. "What I need is a goal. Now that you have said it, I know it's true. And here I thought you will analyze my entire childhood and trace my difficulties back to the divorce of my parents...." We both laughed, and the ice was broken (Lukas, 1986; p. 71).[44]

Case 2: Mrs. S., a mother of two had been hospitalized in a clinic three times for depression and general exhaustion. Every time she recovered but had a relapse. Before she was discharged the third time, I was called in to talk to her.

During our entire discussion Mrs. S. kept bringing up her children, recounting episodes from their lives, and hardly mentioned any other areas of interest. This was a warning signal. I had read in her medical report that the husband had sent the children to a boarding school to provide regular care for them and to relieve his wife from the strain of having the children around. From what Mrs. S. had told me, the children had become central to her life, and now she would not be able to see them often. I was afraid that the emptiness of the house and lack of a task would create an existential vacuum in her. It would have required great strength of will and inner security to build up a new field of activity by herself--more than could be expected from a patient recovering from depression. I suggested keeping her in the clinic until she had been given time to think about restructuring her life in the absence of her children. But, she was discharged from the hospital, and her husband, too, urged her to come home.

Three weeks later, Mrs. S. was brought back to the clinic. She had taken an overdose of pills and been saved in the nick of time. She had not been able to stand the stillness and emptiness of the house. Leisure and relaxation had not been sufficient t fill her life with meaning, especially since what had been most meaningful to her in the past had been removed.

After several sessions, It became clear that Mrs. S. has a fondness for animals second only to her love for children. She succeeded in finding a job in the public zoo. She enjoyed her new work, and it was touching to hear her talk to the animals tenderly and watch her care for them individually. For her children it was a thrill that their mother's work gave them and their friends from the boarding school free access to proudly show them "their" zoo where the mother helped. One Sunday I went to visit Mrs. S. at the zoo and saw from the distance how she laughed with the children. I went home convinced that the follow-up had been successful (Lukas, 1986; pp. 56-57).[45]

Case 3: A student spent the whole hour in telling me about his really remarkable successes. His grade average, fast advances, the well-paying part-time job which enabled him to live in affluence were the center of his thinking. He would make a brilliant career.

Eventually I asked him why he had come to the clinic. He looked at me in disappointment. "You too," he mumbled, "You too don't want to hear what I have done? You too...well, I might as well go."

I asked him to stay. I realized what had brought him to a psychotherapeutic clinic. He needed audience. There he was, with his supergrades, proud and isolated by his successes, quite incapable of linking his theoretical peak position with practical meaning.

I tried for hours to make him realize that his intelligence and knowledge would only be fruitful if he would apply them meaningfully, either in work with a goal, or to inspire and help others whose reaction would be meaningful to him. The second alternative, especially, would build bridges with others which he so urgently needed. "You are looking for listeners," I told him. "But what you really need are people who look to you and your talents, and thus let you know what your superachievments are good for." "I don't need the thanks of others," he replied. "The others should make their own efforts, then they will be as successful as I am. Each person for himself."

> This unhealthy attitude toward his own achievements and successes blocked his meaning orientation and poisoned his potentially happy life. He kept coming back with the same resistance so that therapy slowly stagnated.
>
> One day I had an interesting talk with a Peace Corps worker who had been in South America. He told me what experts were needed and what problems had to be solved. I invited the student to join us. The Peace Corps worker told us what enormous demands were placed on the teachers, technicians, engineers, craftsmen, physicians, and social workers. Every day they had to face new situations, new difficulties, had constantly to think of new ideas to achieve something in the face of the mistrust of the population, problems of distribution, climatic difficulties, political upheavals, and sanitary dangers. The student, on his part, told about his studies and his vague feeling of frustration, whereupon the Peace Corps worker called out: "Boy, do we need people like you! Take your exam and join us, then you can use your keen mind, and when you'll labor all day you'll at least know what you are living for!"
>
> After this session, I did not hear from the student for a long time. I gave him another appointment but he called to cancel it. He had no time, he said, he had started to study Portuguese, it was just before his exam, and he did not need counselling. I didn't ask questions but from his study of Portuguese I drew conclusions, and as glad he reacted so positively to being needed by others, and linking his achievements with a meaningful goal (Lukas, 1986; pp. 72-74).[46]

As it is apparent from the above examples, suffering from a life that is perceived as meaningless can occur in three ways: (1) as a result of achieving one's previously set goals and not having a further aim; (2) by having lost the possibility to fulfill meanings in relation to one particular value; or (3) by intending success or pleasure instead of meaning. Subsequently, logotherapy's response to this type of suffering is three-fold: (1) Recognizing the will to meaning behind the perception of life as meaningless; (2) elucidating individual meaning potentials by linking one's past success and good fortune with a deeper meaning that includes others; and (2) broadening one's value base.

Lukas (1986; p. 65) provided a comprehensive schematic summary of logotherapy's principles which apply to dealing with unavoidable suffering in counselling psychology. This scheme can be seen in Figure 28 below (Lukas, 1986; p. 65):[47]

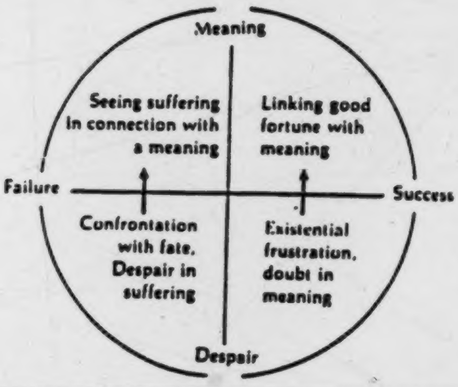

Meaning
Seeing suffering in connection with a meaning
Linking good fortune with meaning
Failure
Success
Confrontation with fate, Despair in suffering
Existential frustration, doubt in meaning
Despair

Figure 28. Lukas, E. (1986). Meaning in Suffering. Berkeley, CA: Institute of Logotherapy Press. (P. 65)

II. Logotherapeutic Approach to Guilt

A. Theoretical Considerations

According to Guttmann (1996), feelings of guilt are most likely to arise from earlier conflicts that remained unresolved. For example, in parent-child relationships, not living up to expectations, role reversal and feelings of dependency that may be rejected or resisted by both parent and child; loss of roles, and role transitions, such as retirement and widowhood, and strains associated with shared households might be the source of tension. At the workplace, guilt might arise from regretted responses to strained relationships with co-workers and supervisors, the loss of one's job, or having to make a decision between one's family and career. These, and similar incidences are just a few examples to show that guilt can arise in any situation that involves relationships, decision making, or dealing with fate (Guttmann, 1996).

According to Lukas (1986) psychology has long been concerned with the question of guilt. Much research has focused on whether to allocate guilt to the individual, to the environment, to the present, or the past. Lukas (1986) warned that the difficulty with ignoring client's guilt feelings or acquitting persons from guilt to spare them the negative consequences is that it unwittingly takes away the positive potentials of guilt: "Those acquitted have to live with their deed and their feelings about it" (Lukas, 1986; p. 82); "...the very dependencies used to exonerate clients from their feelings of guilt can make them feel like dependent children" (Lukas, 1986; p. 82). Subsequently, she emphasized, that, more important than the question of guilt or no guilt in logotherapy, is what meaningful and positive aspects can be found in one's own guilt, or the guilt of others (Lukas, 1986).

In this respect, Lukas (1991) wrote:

> There are insecure and despondent patients and those with little self confidence who occasionally feel guilty of something for which they are blameless. On the other hand, we know enough people who have made blatant mistakes in their lives but can't and don't want to admit that they have failed. In our counselling experience we repeatedly encounter the following combination: persons who confess that they feel guilty about something, but, in the same breath enumerate all the reasons why they had no chance of acting differently. It is reasonable to conclude from this that they are seeking an affirmation of their innocence from the therapist. Why should that be so important to them? It must be because they feel deep down a genuine guilt which they cannot even admit to themselves. Therefore, as counsellor, one has to be careful in every case not to issue "testimonials of innocence" because these can't solve the problem of real misdemeanor. It seems to me to be more sensible to weigh the objective facts and if necessary to introduce into consideration some "counterweights" to the client's guilt (Lukas, 1995; p. 125).

Two logotherapists have dealt with the therapeutic handling of guilt in greater details, Sternig (1984) and Lukas (1984). According to Sternig (1984), in logotherapy, we can distinguish between three kinds of guilt: (1) actual-, (2) neurotic-, and (3) existential guilt.

1. Actual Guilt

According to Sternig (1984; p. 46), actual guilt arises from reality that usually entails two kinds: (1) "feelings of guilt resulting from some act that was committed and was basically wrong;" and (2) "guilt that is felt because something that was supposed to be done was not performed." In the first case, actions that were committed that were basically wrong; actions that caused either emotional or physical damage to oneself, or to others, of which the individual is aware of. This is "guilt by commission" (Guttmann, 1996; p. 49). Guttmann (1996; p. 46) referred to the second type of actual guilt as "guilt of omission," whereby someone has failed to do something that was supposed to be done to either prevent or to alleviate one's own unnecessary suffering, or the suffering of others.

According to Sternig (1984), actual guilt is a conscious phenomenon following real action. After committing a wrong action, a person can seek expiation and make restitution, thereby alleviating the guilt.

2. Neurotic Guilt

According to Sternig (1984), neurotic guilt can be felt by a person without committing any wrongdoing. It can be caused by the intention or the desire to do something wrong, which, unlike actual guilt, has its cause in the unconscious mind. Also, unlike the person experiencing actual guilt, the neurotically guilty person cannot get rid of the guilt by the usual methods of atonement. The example Sternig (1984) gives of a person experiencing neurotic guilt is someone wishing that a relative would die. The relative suddenly dies of natural causes. Then, the person wishing the death starts experiencing the guilt for having "killed" the relative and becomes obsessed with a sense of being guilty (Sternig, 1984; p. 47).

3. Existential Guilt

Existential guilt, according to Sternig (1984) is different from both actual and neurotic guilt. It is felt as a 'subliminal preoccupation' (Sternig, 1984; p. 47)--an inner nagging, an inner experience of discomfort, dissatisfaction, confusion, emptiness, restlessness, and meaninglessness that constitute the 'existential vacuum' in our lives. It is a state of being in the present moment and compelled to act on something. When this need is properly recognized and acted upon, when we engage in an action wholeheartedly, we attain a sense of satisfaction, serenity, and a sense of well-being. On the other hand, when we refuse to act on this feeling, we experience existential guilt (Sternig, 1984; p. 47).

Existential guilt can express itself in three areas: in our inattention to deal with the needs of the self, others, and the world around us (Sternig, 1984). The first alerts us to actualize individual potentials. The second reminds us that we have a responsibility to understand one another, to relate positively to one another. The third area of existential guilt arises when we refuse to relate to nature as a whole, refuse to relate respectfully to animals, plants, inanimate nature, and the cosmos in general (Sternig, 1984).

Frankl (1984b) emphasized that it is a human prerogative to become guilty and it is a human responsibility to overcome guilt. Sternig (1984) noted that this statement is true and accurate in the cases of actual and neurotic guilt, but it does not apply to existential guilt: We do not have to overcome existential guilt, because when it is operating in us, it is serving a purpose.

Existential guilt may act in a positive way, "...in which we have to rise to the challenges we have to face, in which we can reach out beyond ourselves to serve others with concern and compassion" (Guttmann, 1996; p. 51). In fact, disregarding this mechanism in us, ignoring or repressing the call for action for a prolonged period can result in neurotic guilt, or, in depression, and a loss of interest in living (Sternig, 1984).

But "...when we learn to perceive the gift of this guilt, that of heightened awareness of the potentialities inherent in life, then we can turn predicaments into a personal triumph" (Guttmann, 1996; p. 51).

4. Justified and Unjustified Guilt

Lukas (1984) approached the concept of guilt as constituted of two kinds: (1) unjustified and (2) justified guilt. Her approach to the concept of guilt is similar to Sternig's (Guttmann, 1996). Lukas (1995) maintained that it is necessary to separate justified from unjustified guilt because they require different treatment in therapy. In both cases the therapist has to separate these feelings of guilt that are anchored in reality, from the imagined, and to use this separation for the benefit of the client. In the case of unjustified guilt, the client must understand the consequences of deciding and acting with or without choice as the source of the guilt feeling.

B. Meaning-oriented Response to Guilt

1. Unjustified Feelings of Guilt

> First, together with the clients they [counsellors] can explore whether or not the guilt feelings are justified. Together they can ascertain whether the clients are responsible for what has happened or whether their failures can be attributed to factors beyond their control. We know that people often feel responsible for events which overwhelm them although they had little or no choice. Such events may justifiably cause anger or sorrow, but they must not be allowed to trigger feelings of failure. Should this be the case, therapeutic measures should be taken to counteract them (Lukas, 1990; p. 92).

According to Lukas (1995), unjustified feelings of guilt can be relatively easily treated in therapy because they have their origin in either in an *error* or a *sickness*. In the case of error, the therapeutic management consists of an explanation of the error, by pointing out to the client the lack of free will (or insight into the consequences of the action; Lukas, 1986). We can speak of guilt only if there was free will and the client was aware of the consequences. In those instances in which the unjustified feelings of guilt originate in an illness, therapists should help clients to get rid of their guilt feelings by explaining why they are deceptive (i.e., in the case of compulsive irrational feelings of guilt); or, ignoring them (in the case of depressive irrational guilt; Lukas, 1990).

In this respect, let's consider three examples of dealing with unjustified guilt:

Case 1: [Fragment of a therapeutic dialogue].

Mrs. X: I also feel a lot of guilt about my daughter.
E.L.: What do you mean?
Mrs. X: For instance, she often has bronchitis because I always kept her warm when she was small.
E.L.: But Mrs. X. that is no reason for guilt!
Mrs. X: (resistance based on fixated, unhealthy attitude):
Oh yes, it's my fault, the girl is not used to cold and gets sick easily. I've never been a god mother...
By means of naive questioning the attempt is made to redirect her resistance to the therapist to resistance against her baseless feelings of guilt.
E.L.: You always dressed your daughter warmly in the winter?
Mrs. X; Yes, I did.
E.L.: (naive) So you wanted her to get bronchitis?
Mrs. X: No, no. I didn't want that!
E.L.: (naive) You didn't want her to become sick? What *did* you want?
Mrs. X: I wanted her to be healthy that's why I dressed her warmly.
E.L.: (naive) Suppose you had been careless in dressing your daughter, without shawl and cap in the winter, and with sandals and no socks in

February. And later she came down with bronchitis because she had that predisposition. Then you would probably never have given it a thought that it might be your fault.

Mrs. X: I don't know. Perhaps I also would have felt guilty because I *didn't* dress her warmly enough. Yes, I think...without a shawl and cap, I would have blamed myself.

E.L.: (naive) Then it's your fault in any case?

Mrs. X: Well, you never know what's best, do you?

E.L.: (naive) But if you do what you think best, you still have to blame yourself?

Mrs. X: No. If a person does her best she cannot blame herself.

E.L.: (normal) Right, Mrs. X, our fault is measured by intentions. You actually are to blame for all the sickness you *wished* on your child.

Mrs. X: (laughing) Then my fault isn't very great. I never wished sickness on anybody.

E.L.: Then we agree that the bronchitis cannot be blamed on you but on fate, as sicknesses usually are?

Mrs. X: Yes, that's true. That makes me feel better.... Lukas (1986; pp. 98-99).[48]

Case 2: A young man, in great embarrassment, told me about his feeling of guilt because he felt sexually aroused when physical therapy treatments were applied by women. His guilt feelings could be quickly eliminated, without long explanation of repressed sexual desires or complexes. Two things were made clear to him: First, his bodily reactions were purely biological and neurophysiological, and therefore not within his free decision. They belong to the area of fate. Second, it was his free decision how to act in a given situation--he could give in to his excitement (touch the women, expose himself to them), or ignore it. The young man decided not to give in, especially because he had emotional ties elsewhere. Because this was his conviction, and because he acted according to his conviction within his area of freedom, there was no reason for guilt feelings. He reported later that the arousal symptoms diminished (Lukas, 1986, p. 20).49

Lantz (1982b) cautioned that lack of information or misinformation about the origins of illnesses can be another source of unjustified feelings of guilt. Unjustified guilt is not uncommon, for example, in the parents of schizophrenic clients, who might blame themselves for some of the disturbed thought and behavior patterns manifested by their child. Here, the therapist's task begins with presenting most recent information on the biochemical processes related to the symptoms of schizophrenia (Lantz, 1982b).

A similar explanation of the biochemical processes related to endogenous depression, and manic-depressive disorder can help clients understand that the disease and its symptoms are not their fault (Lukas, 1990). This can be seen in Frankl's (1972) case of Sister Michaela of the rigid order of the Carmelites.

> Case 3: She [Sister Michaela] suffered from severe depressions and had considered suicide. She particularly suffered from guilt based on her belief that as good Christian her faith should be strong enough to conquer her sickness. Frankl diagnosed her condition as endogenous depression and prescribed appropriate drugs. But he also stressed that her depression had a primarily organic cause; hence that she was not responsible for it. Thus the fact that she suffered from the depression was not due to any failure on her part, but how she took it could constitute a mental and spiritual achievement. After a few therapeutic sessions the patient was relaxed and in better spirits. She remarked, "I am at peace with myself and grateful. I have accepted this cross." She later showed Frankl an entry in her diary, which he treasures as a testimony to the defiant power of the human spirit. It reads in part:
>
> > I am exposed to unknown forces which overwhelm my will--quite helplessly exposed am I. Sadness is my steady companion; whatever I do, it weighs me down like lead upon my soul. Where are my ideals? Gone--as all the good and beautiful things for

> which I used to strive. Nothing but yawning boredom fills my heart. I live as if thrown into a vacuum, and at times not even pain is accessible to me. In this distress I call God, the Father of all, and even God is silent. I wish for only one thing--to die. If I had not the faithful awareness that I am not the master over my life, I would have ended it many times; but through this awareness the bitterness of my sufferings is suddenly transmuted. For, a person who assumes that his life must consist of stepping from success to success is like a fool who stands next to a building site and shakes his head because he cannot understand why people dig deep down when they set out to build a cathedral.
>
> God builds a temple out of each man's soul, and in my case he is just starting out to excavate the foundations. It is my task to offer myself to His excavations [Frankl, The Will to Meaning; p. 132]" (Fabry, 1994; pp. 49-50).[50]

2. Justified Guilt

> The second function of the therapist is to help clients overcome failure when the sense of guilt is indeed justified. The therapist cannot grant absolution. The so-called "psychological absolution" is a too easy way out: it requires virtually declaring the client incompetent, a helpless victim of powerful unconscious forces or conditioning processes which have formed the client's character. No, there is another way of assisting without taking away the client's spiritual freedom and dignity. In logophilosophy, we speak of an "optimism of the past," which regards the past as our "being" in its most genuine and concrete form. All things past are unchangeable, nothing can remove them. The future, in contrast, is rich in possibilities but devoid of realities; it holds nothing final, every potentiality is only an opportunity which may or may not be taken. On the borderline between the nothingness of the future and the eternity of the past lies the present. We can never guarantee what will be actualized in the next moment. But what has been actualized a moment ago remains forever (Lukas, 1990; pp. 92-93).

In logotherapy, justified guilt is seen as the result of a wrong choice and as having actualized a possibility better left unchosen. It has now become anchored in our past forever as an irreversible part of our life. Only if we take responsibility for this choice can we become truly aware of our responsibility to choose among many possibilities--even possibilities which may lead from originally wrong choices to positive results. For "only those people are in a position to resolve their guilt by revising their attitude toward it" (Lukas, 1990; p. 94). If we retroactively find meaning in one situation that we can "correct" the previously wrong choice, regardless of how irrevocable it is, "because something meaningful cannot be entirely wrong" (Lukas, 1990; p. 93).

Lukas (1990) listed the following reparations that can be made by clients following wrongdoings that can cause guilt feelings: (1) reparation made to the original subject that was wronged; (2) reparation to another subject; and (3) reparation on the moral level, by way of changing one's thinking.

Lukas (1995) explained that the first type of reparation is, perhaps, the most difficult. It has an additional price in that it requires humility, an ability to admit having made a mistake, and the asking of forgiveness. Its advantage, however, is that it resolves guilt feelings completely.

The second type of reparation can become necessary only in cases in which reparation to the original subject is no longer possible. An illustration of reparation to another subject can be seen in the example of Dr. J., the "mass murderer of Steinhof" (Frankl, 1963; pp. 131-132) who had been imprisoned in the Lublanka prison in Moscow, where he showed himself to be the best comrade to the other prisoners and gave consolation to everybody. Another illustration can be seen in Lukas' (1995) report on a woman who psychologically overcame an abortion by later taking a problem-child, whom no one else wanted, into her care.

> He thrived in her hands, and that was by no means a cheap buying-oneself-out of a bad conscience but a commendable effort which gave deeper meaning to the guilt that she (according to her feelings) had committed (Lukas, 1995; p. 127).

Finally, reparation on a moral levels, through accepting responsibility for one's actions and making better decisions as a result of learning from one's past choices can be seen in the counselling process of a young mother by the name of "Anna" (Lukas, 1986; pp. 81-94). Anna was sentenced for burning his four-year old son with flat iron to four years on probation and the loss of custody of her child. Lukas (1986; p. 25) described Anna's personality profile as "immature," "histrionic," and "manipulative." The therapy centered on helping Anna to move from her egoism (thinking only about herself) to learning to think about the difficulties of others; to gradually think and act in a way that includes consideration of others; and to learn to consider others in her thinking and acting not only for advantages (positive feedback) but also for *their* sake. The last step, which appeared to be the most difficult for Anna to achieve, would have lead to the atonement of her guilt by sacrifices for the sake of others (i.e., her son and her husband) and thus, to her maturation. While Anna's therapy was not complete at the time of the report, Lukas (1986) ended the presentation of Anna's case the following way:

> I once had a patient with a similarly tragic history. She told me about it and closed with these words: "All I have become was possible because in my youth I became guilty of a terrible deed. The awareness of this guilt changed me for the better. I can never atone for my guilt but all the good I did later, came from this awareness."
>
> If Anna some day can say something like that, my work with her will have the results I am hoping for. This case is presented not as a success story but to indicate possible treatment of guilt. One might consider guilt as a chapter in our life worth writing if it leads to better chapters dictated by a 'will to meaning'" (Lukas, 1986; p. 94).

3. Responding to the Guilt of Others

Therapists can help their clients discover the meaningful and positive aspects in the guilt of others. This discovery can come through an awareness of individual responsibility. In this respect, let's consider the following example:

> My patient was a man whose much younger wife had left him and an infant and was unwilling to return. She let him know that he was to old for her and she wanted a divorce. The man was devastated, developed a heart condition, and looked as if he would not live long. It seemed impossible to find a goal that would give his life new meaning. Wife and child had been the entire content of his life, his sorrow sapped his strength. He could not think of anything else. It was necessary, therefore, to link suffering itself with some meaning he could accept. His choices were limited because he could not do anything to win his wife back. I offered him another, imaginary choice: "When two people promise each other to stay together under all circumstances, and one of them breaks the promise and leaves, then the one who leaves presumably feels pleasure, and the other must suffer. But the one who is left is guilty of a broken promise, while the other has a clear conscience. If you had the choice, what would you have chosen: suffering and clear conscience, or pleasure and guilt?"
>
> He decided in favor of his own role, the role of the one left behind. He said that if one of the partners had to suffer, he was prepared to be the one, that his suffering did not seem completely meaningless if it was the price for keeping his promise. This was the beginning: accepting fate and bearing his loneliness with courage (Lukas, 1986; pp. 26-27).[51]

Reporters frequently asked Frankl (Frankl, & Kreutzer, 1994) how it was possible for him to return and to work in Vienna after being deported from this city by the National Socialists. His response was that the greatest miracle in his life was not that he had managed to survive the concentration camps, but that the was able to emerge from the death camps without hatred. "Forgive, yes. But not to forget" (Frankl, & Kreutzer, 1994; p. 50) was Frankl's motto when he began to write the manuscript of "*The Doctor and the Soul*." Frankl said that we can forgive others, not only for their sake, but for our sake, to bring healing into our lives. Forgiving others does not mean we excuse their actions. Wrong actions remain wrong, and the responsibility of those who committed them. Responding to others' guilt with forgiveness means that exactly the awareness of their actions, which have caused us unnecessary suffering, has the possibility of making us more aware of meaning potentials even amidst the greatest human tragedies. Forgiveness is an act of self-transcendence in response to this suffering, which spreads "positives," instead of "negatives" (Frankl, & Kreutzer, 1994; Lukas, 1984b).

III. Logotherapy's Response to Death;

A. Theoretical Considerations

1. The Logotherapeutic View of Death

If we take a "closer look" at life, we notice that every minute of our existence, events in our life, and our awareness of time and change remind us of our mortality, and of our own death. Frankl (1984b) said that the awareness of our mortality is a specifically human capacity. This awareness helps us to appreciate life. Therefore, logotherapy's main task is to help us to realize the potential meaningfulness inherent in the faintness of time on this earth (Lukas, 1990).

Frankl (1962; p. 120) wrote:

> To those things which seem to take meaning away from human life belong not only suffering but dying as well, not only distress but also death. I never tire of saying that the only really transitory aspects of life are the potentialities; but as soon as they are actualized, they are rendered realities at that very moment; they are saved and delivered into the past, wherein they are rescued and preserved

> from transitoriness. For, in the past, nothing is lost but everything is irrevocably stored.

Here we see that logotherapy, once again relies on its 'optimism of the past' (Lukas, 1990; p. 95) and points out that nothing can take away the valuable things we have done and which are irrevocably anchored in our past. Every task that we have fulfilled, every happy experience, every suffering courageously born, and every guilt redeemed in a mature level--all these things have become part of the eternity of the past, the essence of our being, the quality of our life, our identity.

Lukas (1990) mentioned that when clients talk about their own deaths, one question that they often wrestle with is whether the events of their lifetime have not become irrelevant by the time nobody knows anything about them any longer:

> "What difference does it make," they ask, "whether I have lived a good life or whether I suffered courageously when nobody remembers me after my death?" Yes, everything is forgotten; nothing earthly can be remembered forever. But what is past still remains as it was; its "no longer being known" cannot wipe it out. Frankl wrote: "Thinking about something can not make it happen; by the same token, no longer thinking of something cannot destroy it." It remains (Lukas, 1990; p. 95).

B. Practical Applications

1. Finding Meaning in Sickness

Logotherapy maintains that life retains its dignity until its very end, even when one's physical and mental functioning have declined. Fabry (1994) writes that patience is sometimes necessary in order to see meaning in suffering. But patience is not always possible, for instance with people facing death:

> A man in the cancer ward of the Stanford University Hospital who had been told he had only three months to live said "If you think I will sit here for three months waiting to die, you have another think coming." Every day, as long as he had the strength, he made rounds among other cancer patients, talking to them about their feelings regarding their shared fate. One of the doctors in the ward commented: "No one can do this as well as a person they know is dying, too. Not even the doctor. What does the doctor know about dying? He is not the one facing death" (Fabry, 1994; p. 48).[52]

Examples of death and dying live on. Frankl demonstrated personally his philosophy concerning the realization of attitudinal values in death. Lukas (1986) writes in her book *Meaning in Suffering:*

> During a visit in Munich, he (Frankl) suffered a severe heart attack and was taken to an intensive care unit. The next day I reached his wife at the hospital and she handed the telephone to her husband. He told me that his condition was serious and that his heart could stop beating any moment (Lukas 1986; p. 138).

Lukas (1986) continues:

> I wanted to say so much to help, comfort and thank him, but I could not find words. Here, like Mother at her sick bed, was a person who had more strength than the people around him, and set an example. He spoke calmly, almost happily. To die held no terrors for him, he said, because he had just finished a task (delivered the manuscript of a book to his publishers). The responsibility had been taken away from him, he needed not do anything to change the situation, it would be decided for him. He accepted any decision of Fate because it was beyond his responsibility and therefore could not be wrong...He had devoted his life to the rehumanization of psychotherapy and would not leave this earth without receiving human kindness up to the very end.

> Thus, he tried to comfort me who myself could not find words. He wanted to tell me: "Remain calm, too, when you'll face death some day. Look, it's easy, you need not be afraid." This was his legacy, a lesson from the hospital bed. He did not think of heart failure--he thought of me! (Lukas, 1986; p. 138).[53]

2. Finding Meaning in Old Age

As we usually associate death with old age, here we will mention a few words about logotherapy's consideration of meaning potentials available to the elderly. Kazimierz Popielski (cited in Lukas, 1986), professor at the University of Lublin, Poland, researched life capacities in the three-dimensions of our existence (body, mind, and spirit) through the entire life-span. He pointed out that old age is remarkable for the chance to expand the resources of the spirit which previous life phases do not offer to that extent:

> He [Kazimierz Popielski] pointed out that the new born is physically well developed but the capacity of the spirit exists only as potential. During the first 30 years of one's life, all three dimensions expand, as individuals mature physically, mentally, and spiritually. For the following 20 years, they remain fairly constant, though body and psyche slowly decline, while spirit keeps broadening even after age 50 if not prevented by circumstances or illness. The less latitude in the body and the psyche, the more important are gains in spiritual development that can remain active into very old age (Popielski, cited in Lukas, 1986; p. 77).

Popielski's (cited in Lukas, 1986; p. 77) illustration of the shift in life capacities according to age can be seen in the illustration below:[54]

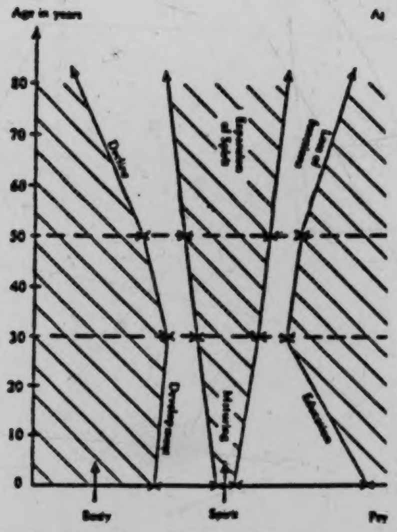


Figure 29 Illustration of the "Shift in capacities according to age" by K. Popielski. University of Lublin. Adapted by Lukas, E. (1986). Meaning in Suffering. Berkeley, CA: Institute of Logotherapy Press. (P. 77).

The strength of spirit based on a mature philosophy of life, a rich meaning orientation based on a lifelong search and struggle, a secure value structure built by personal experiences, and the memory of an abundant and unique life are some of the gifts of old age, which the elderly can contribute to the younger generation. Welter (1987) reported using 'intergenerational resources" in logotherapy by connecting young people with elderly individuals.

3. Dying and Bereavement

The hours and the days one can spend in comfort, even in an unconscious state, are precious in helping one prepare for the moment of death. According to logotheory, in the moment of death, the spirit joins eternity (Frankl, & Kreutzer, 1994). Time and space as dimensions do not exist in eternity (Frankl, & Kreutzer, 1994). Frankl (1994) believed that the human spirit is not confined by space, therefore it is not restricted by the limitations of the body, or the grave. He also said that in spirit, we can touch those whom we love (Frankl, 1975b; 1995).

Regarding grief counselling, logotherapy recognizes denial, anger, bargaining, depression, and acceptance as the five stages of grief as outlined by Dr. Elizabeth Kubler Ross in her book *Death and Dying* (Kubler-Ross,1980). However, logotherapy also believes in the concept of "transforming suffering into a human achievement" (Frankl, 1963; Lukas, 1986b; 24; Atlas, 1984), This achievement always refers to an achievement attained for others.

Lukas (1995) emphasized that through finding meaning in pain, suffering, and even death, we can build a monument to the life of those who have deceased. Counselling a young husband who mourned the loss of his wife, Lukas (1995) remarked: "Only you can determine what remains after her...Whether what remains in her footsteps is a trail of roses or a lake of tears...." (p. 112).

Shortly after Frankl's death in September of 1997, Mr. and Dr. Lukas, and Frankl's widow, Dr. hon. Eleonore Frankl, visited Frankl's grave in the old Jewish section of the Central Cemetery in Vienna. At the graveside, overcome with pain, Eleonore Frankl turned to the Lukases and said: 'My husband always believed that one can transform suffering into triumph. To live his ideas is something that I owe him to this day...' (*Jaresbericht*, 1997; p. 1). Her heroic example illustrates the search for meaning in bereavement.

Reflection

In the current chapter on "Logotherapy's Response to the 'Tragic Triad of Human Existence'" we arrived to the conclusion of the presentation of the major tenets of logotheory.

We now proceed to outlining diagnostic considerations, and logotherapy's major techniques. The content of the subsequent chapters will build entirely on our understanding of the previous chapters found in the body of this dissertation, as well as present some new theoretical and practical information. May these chapters effectively contribute to our understanding of the 'spirit' of logotherapy.

CHAPTER 8: THE PRINCIPLES OF MEANING-ORIENTED THERAPY

> "If you take people as they are you make them worse;
> if you treat them as they ought to be
> you help them come closer to what they can become."
> (J. W. Goethe)

Introduction

According to Lukas (1986), psychological counselling consists of three phases: diagnosis, treatment, and follow-up. During the diagnostic phase, the counsellor and the counsellee meet to share information about those circumstances which led the counsellee to seek help. Information gathering can take the form of in-depth interviews and self-reports, questionnaires, medical history through examinations, reports from other health-care professionals, and family members. The counsellor's task is to listen, clarify, and summarize the information presented, so that treatment can target those areas that are of concern to the counsellee.

While theories of personality can enrich counsellors' understanding of the etiology (the origin) of psychological disturbances, diagnostic criteria do not follow the perspective of specific theories of personality. Pertinent to the present research is that "...there is no such thing as a specifically logotherapeutic diagnosis..." (Lukas, 1986; p. 36). Logotherapeutic counsellors, like other psychological counsellors, follow the diagnostic considerations of their profession in conceptualizing of those disorders which can be addressed in counselling.

Nevertheless, there are logotherapeutic considerations which can be applied to the diagnostic phase in counselling psychology. The purpose of the current research is to explore and summarize these tenets of meaning-oriented theory.

I. The Diagnostic Phase of Treatment

A. Diagnostic Concepts in Logotherapy

From his background in medicine and psychiatry, Frankl (1993) presented specific diagnostic concepts which might be useful to counselling psychologists. A comprehensive summary of these tenets can be found in his book entitled "*Theorie und Therapie der Neurosen*" (Theory and Therapy of Neuroses).

1. Frankl's Notion of Medical and Psychological "Pathodizee"

"Pathodizee" (Frankl, 1993; p. 54), is a Greek term that Frankl used to refer to the study of the origin of medical and psychological disturbances. Other related concepts that occur in his writings are "pathogenesis" (Frankl, 1993; p. 54), which refers to the origin of disease, and "pathoplastic" (p. 54), which refers to the manifestation of disturbances.

While pathology is a medical term for disease, Frankl's definition of "pathology" is "that which increases suffering in the world" (Lukas, 1996; p. 2). This definition creates a bridge between counselling psychology and other health-care interventions in that it implies that human suffering is multifaceted: it can include the somatic, the psychological, and the spiritual dimensions of our being, and it enables one to fulfill the mandate of the helping professions: to alleviate human suffering which is avoidable, and to provide comfort where no cure is possible (Lukas, 1986).

2. Etiology and Symptomatology

Frankl's (1993) classification of conditions which might necessitate psychological intervention rests on an overview of the etiology and the symptomatology of disease.

Etiology refers to the origin of disease. Symptomatology refers to the indicators of disease (Frankl, 1993; p. 42).

With respect to etiology, Frankl (1993) claimed that all disorders originate in either the body, or the mind. Similarly, the symptoms of all disorders can be observed in either the dimension of the body, or the mind. Therefore, Frankl (1993; p. 45) purported that every condition can be described along the continuums of somatic-, or psychic *etiology*, and somatic-, and psychological *symptomatology*:

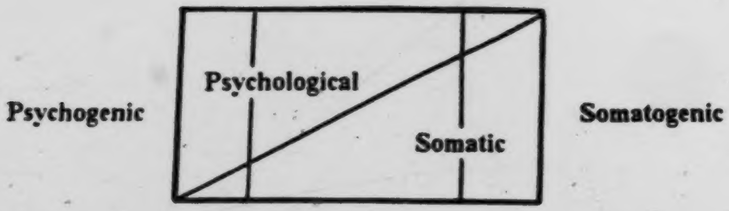


Figure 30. Translated and adapted from Frankl, V. E. (1993). Thorie und Therapie der Neurosen. (7th Ed.). Munchen: Reinhardt. (P. 45)[55]

3. Causation and Manifestation

Unique to Frankl's (1975) logotherapy is that it introduced the dimension of the spirit (Noos) besides the dimensions of the body (soma) and mind (psyche). Frankl (1965) stated that the dimension of the spirit is a uniquely human dimension which cannot get sick. However, he maintained that conflicts of conscience, the disregard of one's voice of conscience, and the resulting existential frustration vacuum can manifest themselves in somatic or psychological symptoms. Frankl (1993) explained that, in this case, the noetic conflict is not the *cause* of the psychological or somatic dysfunctions, per se. Rather, noetic conflicts may find *expression* in psychological and somatic complaints.

Frankl (1993) followed the diagnostic considerations of his time when, he recognized that, aside from noogenic factors, emotional disorders might result from (1) somatic dysfunctions which affect psychological functioning (*endogenous-, somatogenic-, and, also known as functional disorders*); (2) emotional disorders which originate in intra-psychic conflicts (*psychogenic disorders*); psychological disturbances which find expression in the dimension of the body (*psycho-somatic disorders*); (3) psychological reactions to dysfunctions which can cause somatic complaints (*exogenous*, also known as *reactive disorders*) and (4) psychological or somatic reactions to psychological or somatic dysfunctions, resulting in increased symptomatology (*iatrogenic damage*):

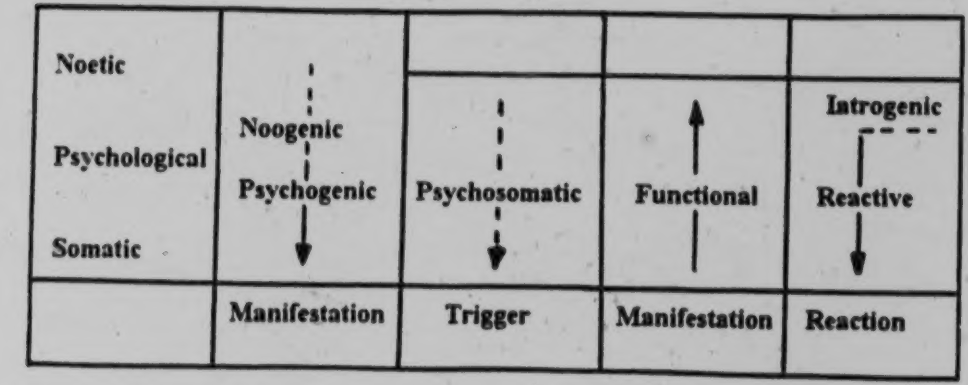

Noetic
Psychological
Somatic
Noogenic
Psychogenic
Manifestation
Psychosomatic
Trigger
Functional
Manifestation
Iatrogenic
Reactive
Reaction

Figure 31: Translated and adapted from Frankl, V. E. (1993). Theorie und Therapie der Neurosen. (7th Ed.). Munchen: Reinhardt. (P. 47)[56]

4. Noo-psycho-somatic Connections

From a psychological point of view, Lukas (1996) emphasized that it is sometimes necessary to clarify to clients the relationship and the difference between the dimensions of the body, the mind, and the spirit, and the possible areas, and ways in which they might be involved in the causation of emotional disorders. This clarification can help clients understand their fate and freedom, and avoid misunderstandings which may cause them continued suffering.

When indicated, Lukas (1996) advised counsellors to examine, together with their clients, the contribution of the following factors related to pathogenesis:

1. Somatogenic factors (that are related to fate, and are determined);

2. Psychogenic factors (that are related to a psychological cause and mental affect);

3. Psycho-somatic factors (which involve our emotional and physiological reaction to events);

4. Noo-psycho-somatic factors (which involve our personal answer to events; the emotional suffering that we experience; and a somatic pre-damage or predisposition);

5. Somato-psychic factors (our emotional response to a disease);

6. Triggers of a disease.

Lukas (1996) reported the fragments of two therapeutic dialogues to illustrate how the clarification of pathogenesis and pathoplastic can be helpful to clients:

> Case 1: A woman in her late fifties came to counselling and said that she felt very depressed. She reported that she worked as a stewardess until recently, when she lost her job. The counsellor inquired about her background to explore what she liked most about her job, and what other options would be available to her. The woman said that she never really enjoyed her work as a stewardess: "More than thirty years ago," she said, "I tried to become an actress. I finished all my studies and passed the final examination. But, I could not find a job. Sometimes, I was invited for a auditions, and I always went in the hope that this time, it will be different, that I will be accepted. But, I was never invited to come back. I cried so many nights and days,' she said, 'that one of may kidneys sank and had to be surgically readjusted (Lukas, 1996; p. 4).[57]

Lukas (1996) explained that in this case, we can understand the existential frustration of the client, and her emotional reaction to not being accepted as an actress. However, the fact that her kidneys sank cannot be attributed to psychological factors. Her emotional despair could not have caused her kidneys to sink, because the latter is a somatic condition which happened independently from her mental state.

> Case 2: "My mother died of cancer when I was 12," said one client. "My father remarried, but his second marriage was not a very happy one. My stepmother was a woman who was very hard to get along with. My father had a heart attack shortly after he and my stepmother got married. That was a couple of months after the death of my mother. Two years after my mother died, I lost my father to a second heart attack. I think that my stepmother had a lot to do with his death. She never accepted any of us" (Lukas, 1996; p. 4).[58]

If we consider this case in the light of the six considerations presented by Lukas (1996), we have to recognize that, instead of only one possible interpretation--a psycho-somatic reaction--as it was identified by the client, a more complex clinical picture should be taken into consideration. For example, the reaction of the father to his first heart attack can indicate a somato-psychological connection. In addition, it is possible that the father had a predisposition to heart attack. His personal response to the death of his first wife belongs to the noetic dimension. Thus, we can speak of a noo-somato-psychological link of causation (Lukas, 1996).

What is relevant in such cases as the one presented above, is to convey to clients that what counts is how we use our area of freedom, and how we respond to events of fate. Significant events influence our lives in that, from the minute that they occurred till the present moment, they leave a trace behind in time. Only we can decide what we want to fill this period in our lives (Lukas, 1996).

5. Interface with Current Diagnostic Guidelines

Frankl (1993) emphasized that counsellors must first attack the dominant symptom to interrupt the chain of events which might worsen the client's condition before the causal link of their symptom formation is fully unearthed. This requirement is in line with the guidelines of the Fourth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 1994), which diagnoses physical, mental, and emotional disorders along five axes: (I) Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention; (II) Personality Disorders and Mental Retardation; (III) General Medical Conditions; (IV) Psychosocial and Environmental Problems; and (V) Assessment of Global Functioning.

B. Guidelines for the Diagnostic Process in Meaning-oriented Therapy

1. Preventing Iatrogenic Neurosis

Iatrogenic damage is a term used in medicine to refer to harmful drug interactions. Iatrogenic neuroses (Lukas, 1986; p. 39) occur in counselling psychology when counsellors are careless about their remarks or behavior, which, inadvertently, causes the counsellee's symptoms to intensify. For example:

> A neurologist told a woman suffering from a slight confusion that she had an "attack of paranoia." Her initial symptoms were completely cleared up by the medication that this doctor prescribed, but the fear of a renewed attack of paranoia darkened her life years after the episode. A long period of anxiety, insecurity, and self-doubt undermined her self-confidence and prevented her from enjoying life. Although she never had a relapse, and it is not even certain that she actually had a genuine attack of paranoia, she now suffers from iatrogenic neurosis caused by a few words of the neurologist, who treated her correctly, freeing her medically from symptoms that had brought her to him (Lukas, 1986; p. 38).[59]

Lukas (1986) explained that iatrogenic neuroses cannot be avoided by not making diagnostic statements, or by not addressing issues which seem burdensome and troubling to clients. For the counsellor's silence may provoke anxiety in clients who have been waiting anxiously to present their issues in counselling and to gain a professional perspective on it. Alternatively, clients may interpret the counsellor's silence as the sign that they have not been listened to, or understood. Yet, "...a 'truthful' answer may also be damaging to clients who ask what's 'wrong' with them' (Lukas, 1986; p. 39).

In order to prevent and to counteract iatrogenic neuroses, counselling psychologists are well advised to follow two guidelines: (1) to "stick cautiously to the truth but present it within the framework of what is meaningful in this case, stressing positive aspects" (Lukas, 1986; p. 39); and (2) to link the diagnosis "...to thoughts that prompt a smile in the client. For, those who can smile about their problems are on their way of overcoming them" (Lukas, 1986; p. 40). This can be seen in the following two case examples:

> Case 1: I once told an extremely frustrated and shy young woman that she was a pleasant exception to the prevalence of excessively self-centered people around, and that I wanted to help strengthen her assertiveness only to protect her in this egotistic world, and not to change her personality. This "diagnosis" alone lifted her self-confidence and laid the foundation for further logotherapy. To diagnose her as suffering from a serious inferiority complex would not have helped. It might have helped *me* develop a therapy plan against a problem that I had intensified" (Lukas, 1986; p. 39).[60]

> Case 2: An elderly man asked me anxiously if his pattern of depressive phases would recur for the rest of his life. According to the test result that I held in my hand this was likely. I told him: "No one can tell with certainty whether a depression will come back. But we do know for certain that you have come out of your "downs" every time and lived in long periods of "ups." You have so many

> healthy ups ahead of you that you had better start thinking soon about what you are going to do with all this healthy time." The patient acknowledged my answer with a quiet smile although he well understood the truth (Lukas, 1986; p. 40).[61]

And, Lukas (1986) continued:

> The truth is never clear-cut, not in religion, not in physics, and not in psychology.....In the human dimension, truth is always more that truth. It moves toward happiness or suffering, satisfaction or despair. The success of therapy may depend on how the counselor handles 'truth' in the diagnostic phase--presenting it in a form that enables the client to accept it with confidence (Lukas, 1986; p. 40).

2. Counteracting Hyper-reflection

Clients anxiously think and re-think their concerns before entering the counsellor's office may suffer from hyper-reflection. They have lived with their problem, and it preoccupied their thoughts a long time before deciding to come for counselling. Thus, the seriousness of their concerns are not affected only by how real they are, but how anxiously they reflect upon them (Lukas, 1986).

At the beginning of the diagnostic phase, when counsellors begin the information gathering, they may ask such clients questions which increase their dwelling on different aspects of their presented issues. For example, counsellors may ask the depressed person about the symptoms of depression, when they occur, whether the individual has consulted his or her physician, what medication was prescribed, etc. Or, they may ask a woman who requested couple counselling about how she met her husband, how the relationship developed, what are her expectations, and which of them are currently not being met.

Such questions intensify hyper-reflection, because clients are asked to analyze the presented situation from many different angles; to analyze their partners and themselves; and to stay focused on identified "problem" areas. Thus, insomniacs are asked to observe their sleeping patterns, and couples who present difficulties in their relationship, to reflect on the troubled relationship.

As a result of this process, counsellors may get the desired information, but at the expense of intensifying the already troubled and difficult situation. Clients, on the other hand, may get the impression that their behaviors can be "explained," or, they may get even more discouraged upon thinking that their choices are limited, and that there are so many things "wrong" with them that they have no other option but to continue their unhealthy patterns of behavior.

Lukas (1986) noted that we usually think of the therapeutic phase as the phase when clients' hyper-reflection should be reduced. Directly, or indirectly, this is the aim of therapy when saturation with the past is reached and the emphasis shifts to the present, or to thinking about future goals. However, she cautioned that "...no therapies can speedily eliminate tendencies to hyper reflect" (p. 42):

> Hyper-reflection can present a danger during the follow-up stage of therapy: Clients who are hardly interested in follow-up because they are occupied with new tasks, rarely think of previous problems, and don't want to be reminded of them, can be discharged as safe and stable. On the other hand, clients during the follow-up who still think about former problems as under temporary control but likely to reemerge are in transition and could relapse at the slightest provocation (Lukas, 1986; p. 42).

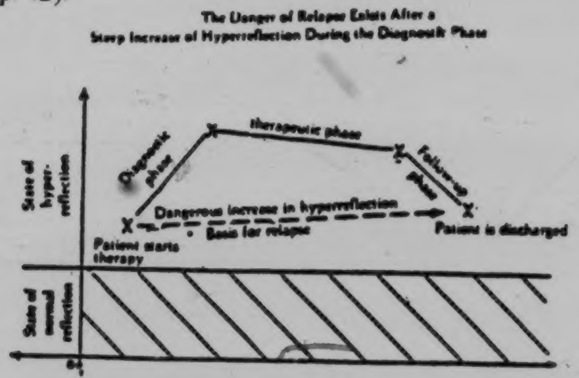

The Danger of Relapse Exists After a
Steep Increase of Hyperreflection During the Diagnostic Phase
State of hyper-reflection
Diagnostic phase
therapeutic phase
Follow-up phase
Dangerous increase in hyperreflection
Basis for relapse
Patient starts therapy
Patient is discharged
State of normal reflection
0

Figure 32. Lukas, E. (1986). Meaning in Suffering. Berkeley, CA: Institute of Logotherapy Press. (P. 41)[62]

In order to reduce the likelihood of relapse, Lukas (1986) developed a technique called 'alternate diagnosis' (Lukas, 1986; p. 42). The rationale behind the alternate diagnostic process is not to allow hyper reflection to build up in the diagnostic phase and then have to be reduced during and after therapy. As Lukas (1986) explained:

> The basic concepts of logotherapy have helped me to see that hyper-reflection must be counteracted right from the start, even at the expense of information which can be produced later. This procedure presents a dilemma for counsellors because they need to get early diagnostic information and must ask certain questions and conduct certain inquiries, but this can be solved by a technique which I call "alternate diagnosis."
>
> The alternate diagnostic technique satisfies both requirements of the diagnostic phase: it allows gathering information without raising the client's level of hyper-reflection. In this technique the counselor's interest alternates between gathering information and de-reflecting toward positive life contents (Lukas, 1986; p. 42).

The alternate diagnostic technique in the case of a woman suffering from insomnia may look like this:

A. Query about frequency of sleep disturbances. Talks about such subjects as day and night rhythms.

B. Query about activities which the client likes to do and to which she could turn in sleepless hours (reading, listening to music, solving puzzle, cooking).

C. Discussion of these activities and her experiences with them.

D. Query about connections between emotionally strenuous human encounters and the occurrence of sleep disturbances.

E. General dialogue about the client's encounters with relatives, friends, acquaintances.

F. Discussion about possible links between some of these persons and the client's hobbies, inclinations, and interests.

In this example, two questions (A and D) dealt with the client's symptoms, the other four were set up to counteract excessive attention to sleep problems, and to focus interest on other, more healthy areas of life. Every question about sleeplessness might have increased hyper-reflection, but other questions helped to lower it again, so that the client entered her second therapeutic phase at a level of hyper-reflection no higher than she had brought to the diagnostic phase in the first place (Lukas, 1986; p. 42).

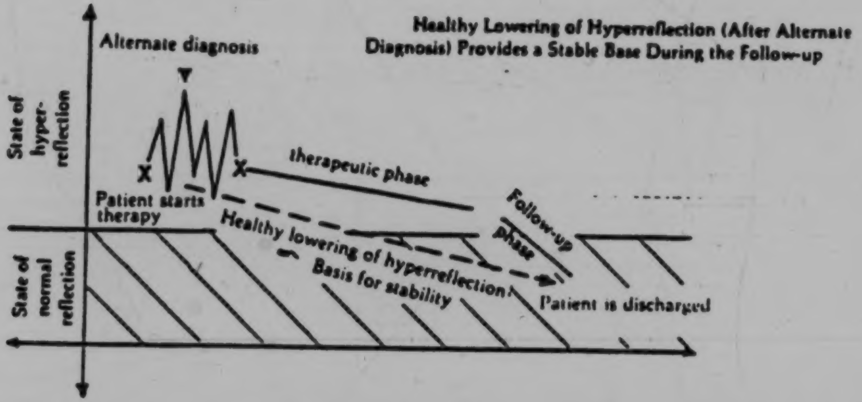

Healthy Lowering of Hyperreflection (After Alternate Diagnosis) Provides a Stable Base During the Follow-up
Alternate diagnosis
State of hyper-reflection
X
X
therapeutic phase
Patient starts therapy
Follow-up phase
Healthy lowering of hyperreflection
Basis for stability
State of normal reflection
Patient is discharged

Figure 33. Lukas, E. (1986). Meaning in Suffering. Berkeley, CA: Institute of Logotherapy Press. (P. 42).[63]

Lukas (1986) noted that this diagnostic process alone may, at times, help clients to see their difficulties in a new light, and more manageable: "Though rare, it indicates that this form of initial contact contains therapeutic elements not evident in regular diagnostic inquiry" (Lukas, 1986; p. 43).

C. Specific Diagnostic Categories--Frankl's Theory of Neuroses

The European diagnostic system, which Frankl (1965) relied on, used the terms *neuroses* and *psychoses* to refer to two different symptom-clusters of psychological disorders. In our current understanding, psychotic symptoms are indicative of *mental disorders*. Neuroses, on the other hand, are *emotional disorders* (Barnes, 1995e). The hallmark of neuroses is anxiety (Barnes, 1995e). Psychoses are manifested in a break with reality (Barnes, 1995e).

According to Barnes (1995e), clinical psychologists are trained to intervene in the case of mental disorders. The focus of counsellor education, on the other hand, is the treatment of emotional disorders. In this light, Frankl's (1993) concept of "neuroses" is of interest to counselling psychologists.

1. Classification of Neuroses according to their Etiology

In line with his theory on the origin of disorders, Frankl (1993) distinguished between five groups of neuroses on the basis of their etiology: (a) somatogenic neuroses; (b) psychogenic neuroses; (c) psycho-somatic neuroses; (d) reactive neuroses; and (e) noogenic neuroses. Figure 34 illustrates the interaction of somatic, psychic, and noetic factors in the origin of neuroses:

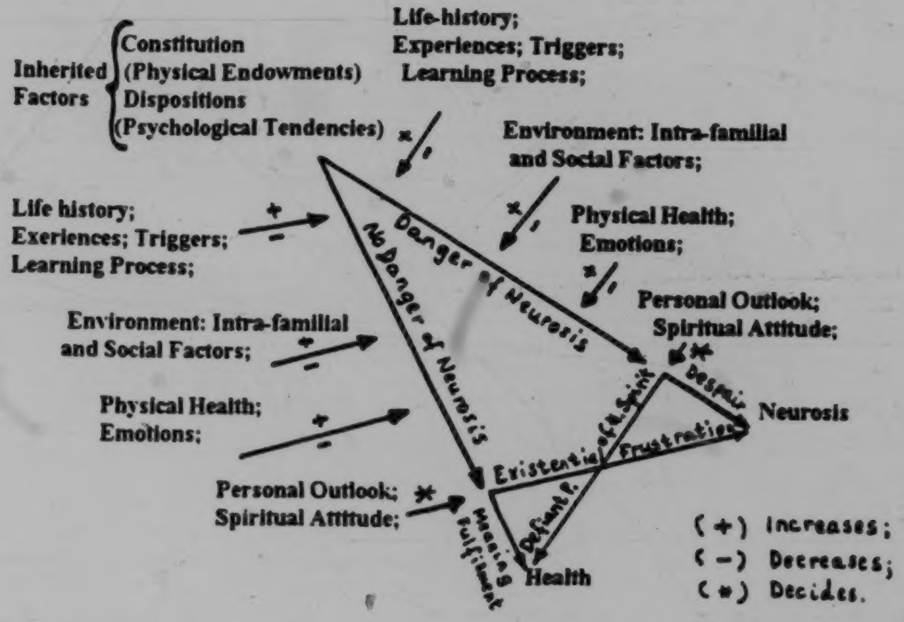

Inherited Factors
Constitution (Physical Endowments)
Dispositions (Psychological Tendencies)
Life-history; Experiences; Triggers; Learning Process;
Environment: Intra-famillial and Social Factors;
Physical Health; Emotions;
Personal Outlook; Spiritual Attitude;
Life history; Exeriences; Triggers; Learning Process;
Environment: Intra-famillial and Social Factors;
Physical Health; Emotions;
Personal Outlook; Spiritual Attitude;
+
−
*
Danger of Neurosis
No Danger of Neurosis
Despair
Neurosis
Existential Frustration
of th. Spirit
Defiant P.
Meaning Fulfilment
Health
(+) Increases;
(−) Decreases;
(*) Decides.

Figure 34. Translated and adapted from Lukas, E. (1983). Hohenpsychologie. Herder/Spektrum, Freiburg. (P. 122)[64]

2. Classification of Neuroses according to their Symptomatology

a. Collective neuroses.

Frankl (1993) distinguished between neuroses at the collective and at the individual level. Under the umbrella of "collective neuroses," he referred to attitudes which, although frequently observable in our society, might lead to psychological disturbances. According to Frankl (1992; p. 37), such attitudes are (i) "fatalism," (ii) "fanaticism," (iii) "provisory attitude," and (iv) "collectivistic thinking."

i.) Fatalism is manifested in the assumption that everything is determined, and in a belief that every phenomenon, even the reason of human suffering, can be explained. The fatalist person does not recognize the existence of a dimension which is unattainable to us, humans. He or she trusts in human potential, and puts all responsibility on human will and ability. This thinking does not leave space for mystery. It is manifested in a cynical and pessimistic outlook on life (Lukas, 1996).

ii.) Fanaticism can be seen in a tendency to elevate a relative value to the absolute level. In the thinking of the fanatic person, this selected value becomes idealized. Lukas (1996) warned that fanaticism foreshadows an emotional crisis each time the selected value is lost; it cannot be attained; or it is recognized as only temporary, because, in the pyramidal value system of the fanatic person, there is no broad value-base that can replace the idealized value.

iii.) Provisory attitude is apparent in lack of aims and plans for one's life, in making no efforts to reach one's goals, and being directed solely by one's wishes and impulses. This attitude is manifested by indecisiveness, lack of goals and commitment (Lukas, 1996).

iv.) Collectivistic thinking can be observed in following the opinion of the majority to the extent of abrogating one's own individuality and personal responsibility (Lukas, 1996).

Earlier in this dissertation [under the heading "personality development"], we spoke of attitudes which can lead to habitual patterns of thinking and behavior. [In this respect, please refer to Figures 9, 10, and 11].

The above listed unhealthy attitudes can lead to *noogenic neurosis* (Frankl, 1965), if we become increasingly aware of the dissonance between our current behavior, and what we feel is an invitation to discover our unique selves. This dissonance can be manifested in symptoms such as boredom, frustration, anxiety, low self-esteem, lack of motivation, and anguish. The severe cases of habitual behavioral symptoms of collective neurotic attitudes can be observed in the diagnostic picture of some of the DSM-IV (1994) *personality disorders* (i.e., in antisocial-, borderline-, histrionic-, narcissistic-, avoidant-, dependent-, and obsessive-compulsive tendencies).

b. Individual-neurotic patterns.

Lukas (1996), who summarized Frankl's extensive theory of neurotic response styles, noted, that while the predominant pattern of the development of *collective neuroses* is the adoption of unhealthy societal attitudes, which lead to habitual and inauthentic thought-, and behavior patterns, characteristic of neuroses at the *individual level* is the adoption of "radical" attitudes. These can be seen in (i) excessive avoidance; (ii) excessive fighting against something; (iii) hyper-intention; and (iv) hyper-reflection.

i.) Excessive avoidance can be seen in the case of anticipatory anxiety, which, Frankl (1984b), in his book entitled "*The Unheard Cry for Meaning*," described the following way:

> A given symptom evokes on the part of the patient the fearful expectation that it might recur. Fear, however, always tends to bring about precisely that which is feared, and by the same token, anticipatory anxiety is liable and likely to trigger off what the patient so fearfully expects to happen. Thus, a self-sustaining vicious cycle is established: a symptom evokes a phobia; the phobia provokes the symptom; and the recurrence of the symptom reinforces the phobia (Frankl, 1984b; pp. 130-131).

The above neurotic pattern, which, in its milder forms can be seen in symptoms such as low self esteem, fear, and avoidance, can lead to anxiety disorders, such as panic attacks (DSM-IV, 1994; p. 394), and phobias (DSM, 1994; pp. 405, 411). Frankl's (1984b; p. 130) illustration of the phobic pattern is seen below:

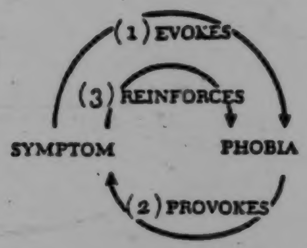


Figure 35 Frankl, V. E. (1984b). The Unheard Cry for Meaning. New York, NY: Pocket Books, Simon & Schuster. (P. 130)[65]

Frankl (1984b) explained the development of anxiety disorders by stating that "One object of fear is fear itself: our patients often refer to 'anxiety about anxiety'" (Frankl, 1984b; p. 131), and, he continued:

> Upon closer scrutiny, this "fear of fear" frequently turns out to be caused by the penitent's apprehensions about the potential effects of his anxiety attacks: he is afraid that they may eventuate in his collapsing or fainting, or in a heart attack, or in a stroke. But, alas, the fear of fear increases fear.
>
> The most typical reaction to "fear of fear" is "flight from fear" (Frankl, 1953): the patient begins to avoid those situations that used to arouse his anxiety. In other words, he runs away from his fear. This is the starting point for anxiety

neurosis: "Phobias are partially due to the endeavor to avoid the situation in which anxiety arises" (Frankl, 1960). Learning theorists and behavior therapists have since confirmed this finding. It is the contention of Marks (1970), for example, that "the phobia is maintained by the anxiety-reducing mechanism of avoidance." Contrariwise, "the development of phobia can be obviated by confronting one with the situation he begins to fear" (Frankl, 1969).

"Flight from fear" as a reaction to "fear of fear" constitutes the phobic pattern, the first of the three pathogenic patterns that are distinguished in logotherapy (Frankl, 1953; Frankl, 1984b; p. 131).

ii.) Excessive fighting against something can be seen in the obsessive-compulsive pattern:

> Whereas in phobic cases the patient displays "fear of fear," the obsessive-compulsive neurotic exhibits "fear of himself," being either caught by the idea that he might commit suicide--or even homicide--or afraid that strange thoughts that haunt him might be signs of imminent, if not present psychosis. How should he know that the obsessive-compulsive character is immunizing him against real psychosis (Frankl, 1955)?
>
> While "flight from fear" is a characteristic of the phobic pattern, the obsessive-compulsive patient is characterized by his "fight against obsessions and compulsions." But alas, the more he fights them, the stronger they become; pressure induces counter-pressure, in turn, increases pressure. Again, we are confronted with a vicious circle (Frankl, 1984b; pp. 131-132).

Frankl's (1984b) illustration of the obsessive-compulsive mechanism can be seen in Figure 36:

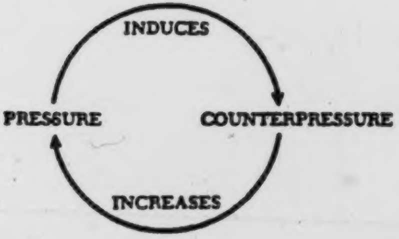

INDUCES
PRESSURE
COUNTERPRESSURE
INCREASES

Figure 36: Frankl, V. E. (1984b). The Unheard Cry for Meaning. New York, NY: Pocket Books, Simon & Schuster. (P. 132)[66]

In its severe forms, the obsessive-and compulsive neurotic pattern is diagnosed as "obsessive-compulsive disorder" (DSM-IV, 1994; p. 417), where obsessions refer to "recurrent thoughts, impulses, and images," (DSM-iv; 1994; p. 423) that a person is trying to neutralize with compulsions--some other thought or action that is recognized as "distressing," "time consuming," "excessive," and "unrealistic" (DSM-IV, 1994; p. 417).

iii.) Hyper-intention can be seen in the neurotic pursuit of phenomena, such as happiness, pleasure, status, recognition, increased self-esteem, power, and control, which are the by-products of having completed a task that is meaningful, and not an end in themselves. Depending on the severity of neurosis, the neurotic individual may gradually forgo the connection between living meaningfully and, for example, happiness, as its by-product, and, increasingly pursue only happiness, at any cost, and with any means.

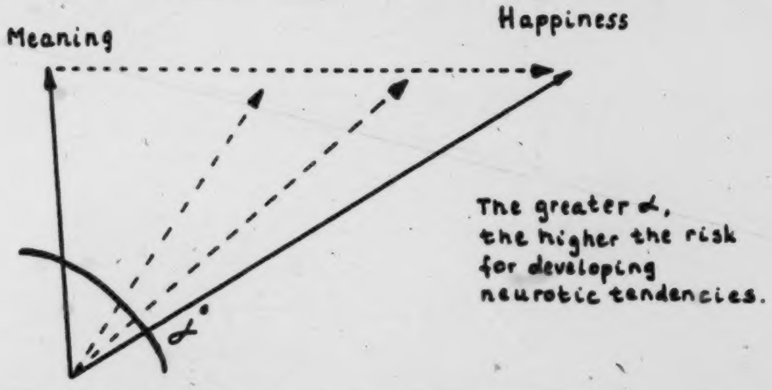

Meaning
Happiness
α°
The greater α,
the higher the risk
for developing
neurotic tendencies.

Figure 37: Adapted and modified from Frankl, V. E. (1992). Psychotherapie fur den Alltag. Freiburg: Herder (P. 16)[67]

As can be seen in Figure 37, the deviation from the pursuit of meaning to the pursuit of pleasure can be expressed in the degrees of an angle. The higher this angle, the more a person has already departed from the pursuit of meaning. This departure, on the other hand, represents a greater danger from a psychological point of view, when the intended end-result can not be increased, when it can no longer be obtained, or it does not lead to the expected sense of satisfaction any more (Frankl, 1992; p. 16).

Hyper-intention, in its most severe forms can be seen in addictions (i.e., alcohol abuse, DSM-IV, 1994; p. 196). The "desired end" in the self-reports of compulsive gamblers, for example, included such things as "I wanted to fill my boredom," "I wanted to have a good time," "I wanted to win," and "I thought I had nothing to lose any more" (Ungar, Hodgins, & Ungar, 1997; p. 5).

iv.) Hyper-reflection is the process of increasingly monitoring one's performance, which may start with one's fear of failure, or fear of diminished performance. This "circling-around- oneself" (Lukas, 1986; p. 38), on the other hand, will lead to hyper-vigilance in an effort to guard off mistakes, and a hyper-reaction in response to minor failures. The resulting anxiety, on the other hand, may produce symptoms similar to those that are feared, increasing the vulnerability of the individual to crises:

> Hyper-reflection turns minute everyday problems into catastrophes, and minor obstacles become insurmountable hurdles. The life of a person caught in hyper-reflection becomes a confusion of countless terrible possibilities which *could* happen, and are a burden before they ever *do* happen (Lukas, 1986; p. 38).

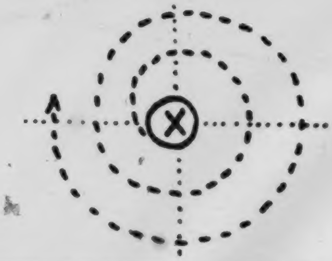


Figure 38. M. Ungar, 1998. Hyper-reflective thinking tends to magnify concerns.

My review of the DSM-IV (1994) diagnostic categories, indicated that, to a more or lesser extent, hyper-reflection can be observed in the case of anxiety disorders (p. 393), mood disorders (p. 394), eating disorders (p. 539), and body dysmorphic disorder (p. 466). However, it is most typical in the case of hypochondriasis (p. 462).

Frankl (1984b) presented the clinical picture of hyper-intention, coupled with hyper-reflection, in the case of sexual neurosis:

> Whenever potency and orgasm are made a target of intention they are also made the target of attention (Frankl, 1952). In logotherapy, the terms we use are "hyper-intention" and "hyper-reflection" (Frankl, 1962). The two phenomena reinforce each other so that a feedback mechanism is established. In order to secure potency and orgasm, the patient pays attention to himself, to his own performance and experience. To the same extent, attention is withdrawn from the partner and whatever the partner has to offer in terms of stimuli that might arouse the patient sexually. As a consequence, potency and orgasm are in fact diminished. This in turn, enhances the patient's hyper-intention and the vicious circle is completed (Frankl, 1984b; p. 171).

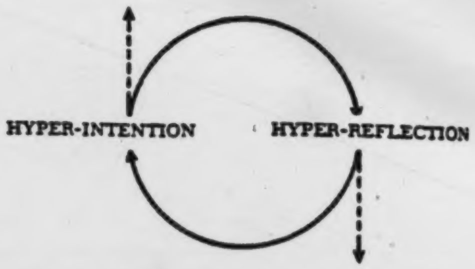


Figure 39: Frankl, V. E. (1984b). The Unheard Cry for Meaning. New York, NY: Pocket Books, Simon & Schuster. (P. 172).[68]

The same mechanism can be applied in the case of insomnia. Only, in this case, sleep is the target of one's hyper-intention and hyper-attention (Frankl, 1993).

3. Other Types of Neuroses

a. Sunday's Neurosis

According to Frankl (1965; p. 128), Sunday's neurosis can be seen in the nervous restlessness of those persons who identify themselves with their work to the extent that they lose sight of the purpose of their lives. On weekends, when work ceases, these individuals desperately try to employ themselves with activities that would distract them from confronting their sense of purpose in life. This can be seen in going to bars where the music is so loud that human interaction becomes impossible; in one's over-concern about sport results; or enjoyment of violent movies and sensational news. The tension that is created by passively identifying oneself with "heroes" prevents one from confronting one's own existential fears and existential vacuum. This, in turn, closes the vicious circle created by one's denial and suppression of the need to establish meaningful purpose and goals.

b. Unemployment neurosis

According to Frankl (1965; p. 124), unemployment neurosis starts with the faulty perception that joblessness equals worthlessness, which equals a meaningless life. When a person who has this outlook on life looses his-, or her job, he or she is likely to fall into apathy. The apathetic person begins to blame his or her unemployment for his or her feelings of worthlessness and perception of life as meaningless. This process can further lead either to depression, where the person is not willing to grasp a helping hand, and gives up the situation as hopeless, or excessive behaviors (provisory existence, and "permanent 'Sunday's neurosis;'" Frankl, 1965; p. 125). In either cases, the underlying mechanism is the same: a feeling of pervasive worthlessness and meaninglessness, because meaning is seen *only* in connection with the job that was lost.

D. The Prevalence of Neuroses

Frankl regarded noogenic neurosis as "*the* collective neurosis of our times" (Guttmann, 1996; p. 176). He estimated that "...clients who suffer from noogenic neurosis constitute roughly one-fifth of a typical clinical caseload, while existential vacuum affects, according to Frankl's original estimate, more than one-half of the general population in American society" (Guttmann, 1996; p. 177).

Comparative data on the prevalence of other types of neuroses is available from the DSM-IV (1994) manual under the appropriate diagnostic listing. For example, the prevalence of obsessive-compulsive neurosis (obsessive-compulsive disorder; DSM-IV, 1994) in the general population is 2.5% (p. 420). The average combined prevalence of the antisocial-, borderline-, histrionic-, and narcissistic personality disorders in outpatient settings, on the basis of the available DSM-IV (1994) estimates, is 20 %.

E. Diagnostic Implications for Treatment

1. Collective neuroses

The goal of therapy in the case of collective neuroses in general is to enhance clients' understanding of themselves, of existential dynamics, and to broaden their value-base to enable them to realize unique meanings. Two recognitions can help this process in individual cases:

a. When one's freedom of will is blocked by external stressors, the resulting anger and aggression may lead to *anger about others.* Anger about others can cause a feeling of powerlessness and numbing sense of ineffectiveness, and self-reproach. These are the symptoms of existential stress. The meaning-oriented solution to this problem is to bring something else into the focus: to consider one's *own* area of freedom. This area can be found in the dimension of the human spirit, where we can still choose our attitude in response to the stressful situation (Lukas, 1996).

b. When one's will to meaning is hindered, the resulting feelings are sadness and anxiety. Sadness and anxiety may lead to *anger about oneself.* Anger about oneself can cause meaning uncertainty, meaning conflicts, and meaning void. One can avoid this meaning void if one changes to take a look at *others* instead of oneself; if one re-evaluates other people, and other tasks to see new meaning in them (Lukas, 1996).

Meaning-oriented therapy's *Socratic dialogue* and *modification attitudes* are two of the non-specific techniques of logotherapy which can be used to combat unhealthy attitudes at the root of collective neuroses in counselling psychology (Lukas, 1986).

2. Individual neuroses

Frankl (1965) stated that the first step in the treatment of phobias and obsessions is medical, in the form of appropriate medication, paralleled by counselling psychology. As early as in 1965, Frankl emphasized that the goal of meaning-oriented therapy with clients who manifest individual neurotic symptoms is not to unmask the psychological origin of the disorder, but, rather, to help them break the vicious circle of neurosis. In the case of phobic and obsessive clients, this means to help them to distance themselves from the objective symptoms of phobia and anxiety by using humor (Frankl, 1965; p. 172). Logotherapy's *paradoxical intention* is a specific technique which was developed with this therapeutic goal in mind. Another specific logotherapeutic tool, *de-reflection*, was developed to counteract hyper-reflection.

II. The Therapeutic Phase of Logotherapy

A. The Goals of Treatment

The logotherapeutic treatment of emotional disorders usually consists of four steps based on Frankl's original discoveries and validated by his clinical work. These were described by Lukas (1994):

1. De-reflection

The first goal of the logotherapist is to help clients put a distance between themselves and their symptoms, or presented concerns (Lukas, 1994). During this stage of therapy, clients are helped to utilize their spiritual resources and their defiant power of the human spirit to realize that they are not identical with their fears, with their past, with their obsessions, low self-esteem, insecurities, inadequacies, depressions, addictions, and emotional outbursts. They are encouraged to see that they are not helpless victims of their biological, psychological, and social fate; that they do not have to remain the way they are, and that they can take a stand toward any circumstances in their lives.

This phase can assist client to see what they unconsciously already know: "...that they are, first and foremost human beings with a capacity to find meaning, and only secondarily, individuals with shortcomings, and certain unwanted patterns, which they can break" (Fabry, 1994; p. 132).

The methods by which therapists help clients gain distance from their symptoms varies from individual to individual. However, what is the same in every case, is the avoidance of persuasion, in favor of invitation. Most often, logotherapists rely on one of the four techniques of logotherapy, which will be discussed later in this section of this study (Lukas, 1994).

2. Modification of Attitudes

The second step aims at modifying clients' attitudes (Lukas, 1994). Once they have gained distance from their symptoms, they are open to re-considering their attitudes toward their life, themselves, and others. In this phase, the therapist does not suggest attitudes, but listens to the words of the clients in highlighting and exploring possible avenues.

According to Fabry (1994), only in extreme cases, such as threatening suicide, is the therapist justified in suggesting new attitudes, when de-reflection is not possible, and the therapist tries to tip the scale toward life and meaning with his or her own argument. However, even in such situations, therapists should stay within the value-system of their clients and not that of their own (Fabry, 1994).

3. Symptom Reduction

The consequence of successful de-reflection and modification of attitudes is symptom-reduction: symptoms either disappear or become manageable. New attitudes help clients accept fate so that they are able to bear it, or to explore new response styles now available to them (Lukas, 1994).

4. Orientation toward Meaning

When reduction of symptoms is successful, clients experience the positive feedback from their new attitudes. At this point in therapy, they are open to a new orientation to meaning. This last stage of treatment is preventive. It helps to secure the clients' mental health for the future. Clients are guided toward meaning. They are assisted in evaluating, and extending meaning potentials to particular situations; in enriching their lives with new meaning potentials; and in assuming responsibility (Lukas, 1994).

B. Logotherapeutic Techniques

During the therapeutic phase, logotherapists have at their disposal two specific logotherapeutic techniques (paradoxical intention and de-reflection) and a non-specific technique (modification of attitudes). Paradoxical intention and de-reflection can be used in the non-specific treatment of neuroses. Modification of attitudes was developed for the specific therapy of noogenic neurosis.

1. Logotherapeutic Techniques in the Non-specific Treatment of Neuroses

a. Paradoxical Intention.

Frankl developed paradoxical intention before World War II and published it in case histories in 1939 in the *Schweitzerische Archiv fur Neurologie und Psychiatrie* (Swiss Archives for Neurology and Psychiatry). In the *Unheard Cry for Meaning* (1984b), Frankl claims that he used this technique as early as 1929, and published it scientifically in 1939. He included it in the logotherapy literature in 1956 (Frankl, 1984b), and continued to refine it over the following years (Guttmann, 1996). Since its original publication, paradoxical intention as a technique has been used with increasing frequency and with good results, especially in the treatment of clients who suffer from phobias and obsessive-compulsive disorder (Guttmann, 1996).

Paradoxical intention is based on Frankl's early discovery that for phobias and obsessions the best possible advise is not to run away from the fear or fight the compulsions, but, instead, to "intend" what is feared. A wish and fear are mutually exclusive. One cannot fear what one directly intends to happen. The objective of this approach is to break the vicious circle that developed as a result of anticipatory anxiety (Frankl, 1984b).

Paradoxical intention uses what Frankl calls the "uniquely human quality of self-distancing" (Frankl, 1986; p. 221 ff.), which enables us to step away from ourselves, to look at ourselves from the outside, oppose, and even laugh at ourselves. Our capacity for self-distancing manifests itself not only in the "defiant power of the human spirit" (Frankl, 1975; p. 224), but also in a sense of humor (Frankl, 1975; p. 188). Humor, on the other hand, is a basic coping mechanism (Guttmann, 1996).

The rationale of applying paradoxical intention in counselling psychology is this: As soon as clients stop fighting their obsessions and instead try to ridicule them by dealing with them in an ironic way, by applying paradoxical intention, the vicious circle is cut, the symptom diminishes and finally disappears. In the fortunate case "...in which there is no existential vacuum that invites and elicits the symptom" (Frankl, 1962; p. 128), "the patient will not only be successful in ridiculing his neurotic fear but finally will succeed in completely ignoring it" (Frankl, 1962; p. 129).

To prepare clients for paradoxical intention, the therapist first has to instruct them how the method works. Therapists can explain the mechanism of fear and present paradoxical intention as the counter-mechanism that can "take the wind out of the sails of the phobia" (Frankl, 1994; p. 168). Clients are asked to formulate humorous sentences exaggerating the consequences of their fear. At this point, care must be taken by the therapist so that clients "...do not feel that they are being ridiculed, rather they are helped to ridicule their on symptoms" (Yoder, 1994; p. 109).

Clients are taught to apply paradoxical intention *before* they are caught in the fearful situation, at a time when they still can concentrate of formulating their phrases. Therapists have to reassure clients that they will assume responsibility that nothing will happen to them, but they have the responsibility to go out and try, even if it is done for the sake of proving that this method does not work for them (Fabry, 1994). In working out the wordings and the application of paradoxical intention, clients are supported by the therapist, but the cure comes from their efforts and from the feedback that results from the disappearance of fear. This is the point where clients have proved to themselves that they can break the vicious circle (Fabry, 1994).

Frankl (1986) emphasized that paradoxical intention in itself is a "non-specific technique" (p. 226) and that, for this reason, it can be sometimes effective in severe cases. He claimed that this method's durability is not linked to the length of therapy (Frankl, 1986), therefore, it can be effectively used in short-term therapy. On the other hand, Frankl (1986) cautioned that paradoxical intention is not a panacea, and not every psychologist can use the technique with equal skill. Therefore, he recommended the use of paradoxical intention in combination with other methods of therapy.

Frankl (1986) stated that it is important to establish when to use logotherapy and paradoxical intention, and in which cases they may bring unwanted results. He cautioned that it is particularly imperative to refrain from the use of paradoxical intention in the case of psychotic depression. As for the application of logotherapy in psychoses, he stated that it is essentially a therapy directed to the aspect of the personality that remains healthy, for the aspect that has become diseased is open only to medical treatment, such as drug and shock therapy. Furthermore, logotherapeutic treatment with psychotic patients is based on self-detachment, the inherent capacity of human beings to taking a stand toward inner and outer conditions (Frankl, 1986).

Frankl (1986) emphasized that pharmacotherapy can be complemented with logotherapy and paradoxical intention in the case of obsessions and compulsions, and phobias. However, there is a strong contraindication for the use of paradoxical intention in the case of blasphemous obsessions (Frankl, 1986), where the treatment of choice should be pharmacotherapy, complemented with logotherapy's appeal to the defiant power of the human spirit (Frankl, 1993).

How paradoxical intention works on therapy is well documented in logotherapy literature (Guttmann, 1996). Below, are the summaries of some typical cases in which paradoxical intention was successfully applied:

Case 1: Bacteriophobic Obsession.

A thirty-five-year-old woman was admitted to the Vienna Policlinic Hospital. She reported that she has been suffering from bacteriophobic obsessions and severe washing compulsions for several years. Lately, her condition grew worse, to the extent that she had to be hospitalized because of several attempts of suicide. She said that life was hell for her because of her fear of bacteria. She washed her hands hundred times a day. Fearing contact with germs, she no longer left the house, and did not allow her husband to touch the children, in the fear that he would infest them with germs. She requested a divorce because she felt she had made her family unhappy. Her life was virtually incapacitated as she was unable to do housework and stayed in bed all day (Frankl, 1962; p. 126).

During the first stage of treatment, entitled "arousing hope" (Leslie, 1994; p. 116), Frankl asked the woman about the symptoms of her obsessions. It was because of her fear, that the obsessions are the symptoms of a psychosis, that she fought them. Frankl pointed out to her that the symptoms of her obsession indicated that she belongs to a certain type of character structure which in traditional European psychiatry was conceived as "anankastic" (Leslie, 1994; p. 116), and that this meant immunity to psychoses. He remarked: "You have no reason for such fear. Any normal person can become psychotic, with the single exception of people who are anankastic character types. I cannot help but tell you this and destroy all your illusions in this respect. Therefore, you need not fight your obsessive ideas. You may as well joke with them" (Leslie, 1994; p. 116). The patient's response was a sigh of relief.

Frankl (1962) referred to the second stage of therapy as "changing perspective." This is accomplished by using paradoxical intention. Frankl (as

> cited by his former student, Leslie, 1994) invited her to imitate what he was doing. He stooped down and started rubbing the floor with his hands saying: "After all, for the sake of change now, instead of fearing infection, let's invite it" (Leslie, 1994; p. 117). Frankl continued to rub his hands vigorously on the floor, and then rubbed his hands on his face, asking the patient to follow his example. She had hesitantly gotten up form her chair, gotten down slowly on her knees beside him, and began to rub her hands on the floor. He encouraged her to "rub harder" and then to rub the germs off her hands and onto her face. As she did so, strange expression come over her face. Frankl noticed it and turned to his students saying: "Do you see, she is smiling. She is getting better already" (Leslie, 1994; p. 117).
>
> The most dramatic change could be seen when Frankl invited her to sit back into her chair and talked with her about her children and her love for them. She spoke clearly and confidently. There was animation in her voice and on her face. When she got up to leave, she left the room with her head held high (Leslie, 1994; p. 118)."

Frankl (1962) noted that after the treatment, she was able to joke about her fear. He said that it would not be accurate that she was completely free of symptoms, for an obsession may come to her mind. However paradoxical intention applied in this case has cut the vicious circle that haunted this woman for several years (Frankl, 1962; p. 126).

Case 2: Fear of Excessive Perspiration.

> Frankl (1962) tells about a young physician who came to him complaining of his fear of perspiring. He was suffering from his phobia for 4 years prior to his consultation with Frankl. He told Frankl that whenever he expected an outbreak of perspiration, his anticipatory anxiety caused him to experience exactly what he was afraid of--excessive sweating. Frankl advised him to resolve deliberately to show people how much he could sweat--to cut the vicious circle. When the

> patient came back a week later, he reported to Frankl that whenever he met anyone who triggered his anticipatory anxiety, he said to himself: "I only sweated out a quart before, but now I am going to pour out at least ten quarts!" So, after all those years of suffering, he was able to free himself permanently from the phobia after one session with Frankl (Frankl, 1962, p. 124; cited in Guttmann, 1996; p. 78).[76]

Paradoxical intention was reportedly successfully applied in varied cases such as writer's cramp (Frankl, 1962; p. 125); strong shaking (Heines, 1997; pp. 7-8); inferiority complex (Yoder, 1994; pp. 108-114); fear of elevator riding (Lukas, 1986; pp. 76-77); fear of crowded streets (Lukas, 1986; pp. 76-77; Hooper, Walling, & Joslyn, 1996); fear of heights (Frankl, 1984b; p. 193); fear of flying (Guttmann, 1996; p. 80); fear of sleeplessness (Frankl, 1962; pp. 128-129); automobile phobia (Heines, 1997; p. 7); stuttering (Guttmann, 1996; p. 81), and social anxiety (Frankl, 1984b; p. 146).

Lukas (1986) highlighted the applications of logotherapy's paradoxical intention to cases which do not involve "sickness" (p. 46):

> A wife kept threatening her husband with divorce and several times began to pack her suitcase until he gave in to her wishes. One day, instead of participating in the "crisis," he cheerfully helped her to pack, suggesting many heavy things to take along, and offering her extra suitcases, until they both dissolved in laughter. A father whose boys constantly fought each other, suggested just at the crucial moment he would take over the burden of their battle and beat them up himself. When they stared at him in surprise, he suggested calling in a neighbor, a boxing champion, who "could do the job professionally and would not charge a cent for it" (Lukas, 1986; p. 46).

> Case 3: Lying.
>
> The parents were in despair over the continual lies of their little son. He always blamed other children for his mishaps. He spilled ink on his notebook and

accused a schoolmate. He tore his pants and told his parents he had been attacked on the street. The parents worried about his character development.

I, too, was concerned. Since he apparently was not mature enough to take responsibility for his actions, I felt it was better for him not to explain anything rather than accuse others. I advised the parents paradoxically not to ask the boy how the damage was done, but to pretend the cause was irrelevant. Rather they should discuss with him how to repair the damage--rewrite the soiled pages in his notebook, help as much as he can to mend, wash and iron his pants. I suspected that if he was not pressed for an explanation, he would sooner or later feel the need to confide in the parents.

The first opportunity presented itself the next evening. The boy had broken the glass of his wristwatch. He had thrown the glass into the garbage can and hid the watch behind his back. The mother pretended not to notice. Later she went to his room and found him at his desk holding the watch, swallowing his tears. "Oh," she said nonchalantly, "the watch has no glass. If we had the fragments we could try to glue them together." She left the room, and after a while the boy came out of his room, not saying anything and fished the glass splinters from the garbage can. "Fine," the mother said, "now get some glue and scotch tape and fix the watch." The boy flabbergasted that he wasn't scolded busied himself to fix the glass as well as he could. The incident was not mentioned.

When the mother, as she did every night, went to his bed to kiss him goodnight, the boy pulled her down and whispered what happened. He had put the watch at the edge of the playground and stepped on it by mistake. Glad that he had confessed his "crime" she promised to buy him a new glass and gave an extra hug.

The lying pattern was broken and the many small "repair jobs" he did from now on did not do any harm either. He learned to be more careful (Lukas, 1986; pp. 46-47).[71]

Lukas (1986) cautioned beginning practitioners that using paradoxical intention seems simple only in theory. In real life and practice, one should be aware of the difficulties in its application. For it is not so simple to bring about a wish for the same horror in which the client has lived before therapy. For such a wish to happen freely, the human spirit of the client must be activated, and humor--which is the adversary of fear--needs to be applied.

Lukas (1986) noted that the first few times that patients practice their formulations they tend to be skeptical, hesitant. They don't know whether to laugh or to weep. They do not really believe in sickness and feel insecure. Many patients expect that the therapist will explore their past, interpret their dreams, analyze their childhood--rather than question their fears in a humorous manner. That's why the initial phase is highly critical, and the therapist must take every effort to consider the individuality of each patient. According to Lukas (1986), experience helps therapists to find the right formulations in therapy. The best formulations, however, are always based on a bridge between the patient and therapist. This trust must not be shaken because this is the path on which confidence in sickness will eventually pass from therapist to patient so that patients will get to the point where they will really wish for what they fear. (Lukas, 1986). From which point on, the therapeutic process continues "almost by itself" (Lukas, 1986; p. 77).

In my experience, while counselling psychologists might not treat obsessive and compulsive clients without the clients being referred to other professionals, such as a psychiatrist, in counselling we do face situations that have to do with excessive fearful avoidance of places, people, or certain topics. Here, I see the role of paradoxical intention as helping clients face their fears instead of running away from them. This can occur in relation to a social situation, for example, where I have found it useful to explain the mechanism of paradoxical intention to clients, and to complement it with, for example, role playing, or relaxation. I found that experience, confidence, and good therapeutic alliance with clients are necessary for the success of this technique.

Especially the use of humor, which differentiates this technique from similar behavioural techniques (i.e., systematic desensitization; developed by Joseph Wolpe) requires a high level of expertise from the therapist (Bazzi, 1979).

b. De-reflection.

While paradoxical intention is based on logotherapy's concept of self-detachment (Guttmann, 1996; p. 83); de-reflection relies on the concept of self-transcendence (Frankl, 1993). Self-transcendence means that we are able not only to distance ourselves from our external and internal condition, but also to reach beyond ourselves (Fabry, 1994). By being immersed in love and in work, or by responding to our situation by choosing the right attitude, stated Frankl (1986), we are transcending and actualizing ourselves. The goal of de-reflection is to help clients transcend themselves toward two value categories--creative-, and experiential values.

Frankl (1965) developed de-reflection to help his patients deal with dysfunctions and cumbersome behavior patterns that are brought about and intensified by their own hyper-intention and hyperreflection. In his view, hyperintention is unhealthy for two reasons: First, because there are certain activities, such as "love, hope, faith, and will," which cannot be "demanded, commanded, or ordered," and cannot be made the target of intention (Frankl, 1984b; p. 86), unless they are based on a manipulative approach to human phenomena, and second, because there are phenomena, such as success, and happiness, which can not be directly pursued; "...the more we aim at them, the more we miss our aim" (Frankl, 1984b; p. 85).

> In this respect, Frankl (1984b) invited us to take a look at the following example: Relaxation too eludes any attempt to "manufacture" it. This was fully taken into account by J. H. Schultz, who systematized relaxation exercises. How wise was he when he directed his patients, during these exercises, to imagine their arms becoming heavy; this automatically induced relaxation. If he had *ordered*

> these patient to relax, their tenseness would have increased, because they would have intensely and intentionally *striven* for relaxation. It is not different with the treatment of inferiority feelings: the patient will never succeed in overcoming them by way of direct attempt. If he is to get rid of anxiety feelings he has to go, so to speak, on a detour, for instance, by going to places despite inferiority feelings, or by doing his job in spite of them. As long as he centers attention on the inferiority feelings within himself, and "fights" them, he continues suffering from them; however, as soon as he focuses attention on something outside himself, say a task, they are doomed to atrophy (Frankl, 1984b; pp. 86-87).

This statement is relevant, as Lukas (1987) characterized hyperintending and hyperreflecting individuals as persons who lack self-confidence, and who pay undue and exaggerated attention to their own health, behavior, and thoughts. This preoccupation is hazardous, "...because the more one is searching for signs and symptoms of sickness, the more one is likely to find them" (Lukas, 1996; p. 10).

According to Lukas (1987), human suffering is inevitable, yet, some suffering is unnecessary. Such unnecessary suffering is the one that is brought on to hyperintending and reflecting clients by themselves, often unintentionally. Lukas (1980) explained that in logotherapy, the two kinds of suffering--inevitable-, and unnecessary suffering--are treated with two different techniques: Modification of attitudes can be used to help clients face inevitable suffering, and de-reflection to alleviate their unnecessary suffering (Lukas, 1980).

Frankl first described the technique of de-reflection in his article entitled "*The Pleasure Principle and Sexual Neurosis,*" in 1952. In this study (summarized by Guttmann in 1996), Frankl stated that he found that hyper-intention, which is so common in our days, paradoxically produces the opposite result:

> The more people run after happiness, the more happiness is running away from them. Thus begins a circle comprised of the following elements: A desired aim is directly strived for and intended to such extreme that we can speak of hyperintention. Most often this hyperintention is accompanied by much self-examination, self-observation, and contemplation about one's self, what Frankl has called "hyperreflection." When both of the preceding behaviors are coupled with anticipatory anxiety, or fear of not being able to produce or attain the desired goal, or when one intends to grab pleasure and happiness by force, and these fly away--as they always do when people reach for them--a pathological basis is formed as a vicious circle that only increases the disturbance. To counteract these elements and to break out of the vicious circle, centrifugal forces must be brought into play, meaning that instead of hyperintending (to gain pleasure) one should give himself to the other; instead of engaging in hyperreflection, one should forget about himself or herself (Guttmann, 1996; p. 86).

However, to be able to forget about one's self, one must *give* of him-, or herself (Frankl, 1986). This applies not only to the treatment of sexual dysfunctions with de-reflection, but to other human achievements as well (Guttmann, 1996), where we are invited to "empty ourselves" (Frankl, 1994; p. 81) for the sake of something, or someone, other than our own selves.

Guttmann (1996) explained the difference between paradoxical intention and de-reflection the following way: Through paradoxical intention one is invited to engage in "right passivity" (Guttmann, 1996; p. 87) by distancing from the symptoms and ridiculing them. Through de-reflection, however, one is invited to engage in the "right activity" (Guttmann, 1996; p. 87) by ignoring the neurosis.

Lukas (1986) cautioned that, before applying the logotherapeutic technique of de-reflection with hyper-intending and hyperreflecting clients, therapists must ensure *and* establish that the disturbance at hand has no physiological cause, and that it can be rather safely assumed that its roots lie elsewhere, most likely in the client's exaggerated self-observation and hyperintention. She devised as systematic method of applying de-reflection in counselling psychology which is comprised of the following steps:

First, therapists should explain to clients the connection between hyperreflection, hyper-intention, and their current symptoms formation, and the purpose de-reflection as one possible way of breaking this pattern. Next, therapists invite clients to compile an "alternate list" about various activities that they can think of, that would enrich their lives. In addition, clients are asked to write down the circumstances in which their presented distress would seem acute and when they think that they could try one of the alternate activities. Clients are then asked to select one of the activities on their alternate list every time they are likely to hyper-reflect and to try it out before they return to see the therapist.

Lukas (1980) noted that once clients decide which alternatives work best for them, they are on their way to symptom reduction. Instead of being trapped by self-fulfilling prophecies, they are concerned with accomplishing self-selected meaningful tasks. In this process, they gradually gain "...a new self-image of a free person" (Guttmann, 1996; p. 94).

The use of de-reflection in combination with other techniques is widely reported in logotherapy literature: From the use of de-reflection with clients complaining of insomnia and sexual disturbances (Frankl, 1965), Lukas (1981) expanded the application of this technique to be used in the case of addictions, psychosomatic disorders, and various cases in the medical setting, where she used de-reflection in individual and group counselling (Lukas, 1986). Other publications on the application of this method include: the use of de-reflection in the treatment of recovering alcoholics (Crumbaugh, Wood, & Wood, 1980; Henrion, 1987; Haines, 1997); the families of schizophrenic patients (Lantz, 1982b); the use of de-reflection in the treatment of chronic pain (Khatami, 1987; Khatami, 1995); and burnout (Bulka, 1984).

Below are some case examples from logotherapeutic literature that illustrate the use of de-reflection in counselling psychology:

Case 1: Reactive Depression.

> When I met Mrs. B., she was a 62-year-old lady with a background in music, theater, and arts in general. She was also sick with cancer and had a "bad prognosis." Nevertheless, she was cheerful and full of vitality--until a follow-up medical examination resulted in a verdict of "terminal illness." From that time on, all she could think about was her pain and impending death. She became withdrawn, and apathetic. Her talk, which formerly encompassed most everything under the sun, concentrated on one thing only: her pain and fear of death. I used de-reflection as Lukas (1980) has recommended. That is, I alternated questions about the current condition with questions about her former hopes, interests, aspirations, and relationships. Thus I learned about her secret wish to have her drawings and paintings exhibited in public. She responded well to the suggestion to begin working on that wish to become reality. The new interest gave her a sense of hope and meaning which were translated into action. She worked hard and had a very successful exhibit, which gave her a new self-image and renewed interest in life (Guttmann, 1996; p. 101).[72]

Case 2: Frigidity.

> A young woman came to see Frankl, complaining of being frigid. Her case history indicated that she was sexually abused by her father when she was a child. It turned out, however, that her frigidity was due to her reading psychoanalytical literature, which resulted in the fearful expectation of the toll her traumatic experience would cost her some day. Her anticipatory anxiety led her to pay excessive attention to her own behavior and to hyper-intention to confirm her

femininity. The result was an incapacitation for a satisfactory sexual relationship, which she so desired and had made an object of intention--instead of concentrating on her partner. With the help of short-term logotherapy, using de-reflection as the therapeutic technique, her attention was re-focused toward her partner, and she reported that her previous concerns disappeared (Frankl, 1962; p. 123; cited in Fabry, 1994; p. 142).[73]

Case 3: Risk of Suicide.

Mrs. K. was a 75-yaer-old lady living in Israel at the eleventh floor of a housing facility for the elderly. Her husband died 3 years ago and she had no relatives. The therapists met her sitting on the open window's edge, with one foot dangling out in the air:

She took pleasure in frightening other people watching her sitting there and playing with death. She would also chase away those who dared to come near her, yelling: "Mind your own business!" But she seemed favorably inclined toward my presence. Even though I was afraid that she might jump, or fall off the window, I pretended not to notice the dangerous pose and invited her to talk about herself. But I also made one condition, namely, that she would get off from her perch and sit with me like a lady should. The word "lady" evidently made a change in her behavior. She broke down, and with tears she told me about her former life, her losses, and constant preoccupation with death. Her hyper-reflection on death had to be broken, or she would commit suicide, I thought. Thus, I used Frankl's de-reflection. I said: "I know that you don't intend to jump off the window, for you could do so at any time. You only wish to show that you are not afraid of death. But there is plenty of time left for you to die. Who knows, you might even live up to a hundred and twenty like Moses, so why do you wish to idle away your life?" She seemed hesitant for a moment and asked: "So, what should I do?" The ice broken, we worked out a plan for Mrs. K. to help in the office with the running of the tenants' newsletter, a job she really liked.

> And her sitting in the open window became a thing she wanted very much to forget.(Guttmann, 1996; p. 101).[74]

As it is apparent form the above examples, de-reflection leads clients to see the multitude of values that lie beyond their weak selves. What they are invited to recognize is that we can "see" higher values only if we reflect-away from our own selves, and in attempting to attain them, manage to transcend ourselves. The purpose of de-reflection is to call upon the strength of clients' spiritual selves, to rescue their psycho-physical selves.

Indeed, it is not easy to get a person not to think about a troubling problem, and this technique requires creative improvisations by the counselor. However, "...it is worth the effort because it contains the key to the human spirit where the will to meaning can overcome the will to satisfy needs" (Lukas, 1986; p. 49).

2. Logotherapeutic Technique in the Specific Treatment of Noogenic Neurosis.

a. Modification of Attitudes.

Modification of attitudes is used in situations in which clients are faced with circumstances that cannot be changed and assume unhealthy attitudes toward them. As we discussed earlier, unhealthy attitudes can be related to nihilism, reductionism, pan-determinism, and stoicism, as well as to fatalism, fanaticism, collectivistic thinking, and provisory existence. According to Lukas (1986), such attitudes put us at risk of doubt, or despair.

Clients who are in doubt, said Lukas (1986), can be characterized as individuals who are still searching for meaning in their lives, because their lives are void of purpose. As stated earlier, these individuals live in existential vacuum. Lukas (1986) claimed that one-fifth of all cases of psychological illness are caused by existential frustrations and value conflicts, and the remaining four-fifths of the psychological disturbances are not free of them, either.

People who are in despair are individuals who once possessed a healthy meaning-orientation but they lost it through a blow of fate, or who get tired of their lifestyles and are disappointed with themselves and the world around them. Many people, who are "desperate" inside, appear "successful" to the mere observer from the outside. Such individuals, said Lukas, are prone to "narrowing their vision" to one or two values which they absolutize, gradually loosing their ability to perceive the entirety of the world and its events. Therefore, they are at an increased risk for emotional disorders when this value is lost. The characteristic case of a person in despair is illustrated in the example of Mr. A. (Guttmann, 1996):

> Mr. A., age 60, spent 40 years of his life as a librarian in a scientific library. When he was told that according to the law he had to retire, he panicked. He claimed that "he would simply die," rather than retire. "My life is empty without my job," he told his confidant. "I don't know what to do, or how would I survive this blow of fate." As the day of his retirement was nearing, he became more and more depressed, or alternatively quarrelsome and confused, and was seen as being tortured by doubts as to his ability to survive in the changed circumstances of his life (Guttmann, 1996; p. 122).[15]

Lukas (1986) noted that every distress that results from the collapsing of one's value system contains the possibility of finding new meaning in life. In such cases, modification of attitudes relies on the mobilization of the "defiant power of the human spirit" (Frankl, 1994; p. 85) to help clients move past dwelling on past losses and getting depressed to discover new meanings and potentials, and "...set new purposes and goals in which they could pour the energies still stored in their spirits" (Guttmann, 1996; p. 122).

Finding meaning in situations, which, in themselves are meaningless, such as addictions, disabilities, an involuntary ending of a relationship, or one's career, is not easy. But, it can be attained by logotherapeutic help where clients are helped to turn from the self-defeating, negative, and destructive attitudes to healthier, more-constructive, and re-vitalizing endeavors. This can be accomplished with the use of the meaning-oriented technique of modification of attitudes.

As we discussed above, during de-reflection counsellors invite clients to look beyond and to transcend their unhealthy attitudes, toward creative and experiential values. Unlike de-reflection, modification of attitudes summons help from the therapist to critically analyze and to correct clients' unhealthy attitudes in order to enable them to realize attitudinal values:

> Modification of attitudes as a logotherapeutic technique means that the therapist uses knowledge, even intuition in assessing whether a certain attitude displayed by the client is harmful or not. When the therapist discovers negative, dangerous, and destructive attitudes on the part of the client, he or she does not shy away from openly discussing it. The therapist does not concern him-, or herself with judgments of "good" and "bad" attitudes. Rather, the therapist seeks to weigh whether or not an attitude is healthy. If a given attitude is found to be unhealthy, the therapist will not hesitate to enter the client's inner world. In logotherapy, the therapist must remember the three dimensions of the human being. These are closely interwoven, and each affects the others. If the therapist ignores or disregards the interrelationships among them, he or she may cause iatrogenic neurosis or harm to the client. At the same time, any change in a positive direction in any of the three dimensions of body, psyche, and spirit can provide opportunities for growth (Guttmann, 1996; p. 123).

Modification of attitudes may begin with the recognition that our attitudes are not determined by the situation but by us. The same situation in which we may find ourselves may be interpreted differently. The different interpretations will influence our psychological health, as they may lead to hopefulness or to despair. The logotherapeutic modification of attitudes may start with the principle that we can determine out attitude toward our past, because "in the past nothing is lost, but everything is irrevocably stored" (Lukas, 1986; p. 49).

Pertaining to modification of attitudes, Frankl (1967) repeatedly emphasized that logotherapy is future oriented, indicating that it looks toward goal fulfillment rather than to a preoccupation with past failures and traumas. This does not mean that logotherapy is blind to the past. On the contrary, the past is perceived in a positive sense, as the repository of deeds that gave meaning to our existence (Guttmann, 1996). Frankl (1967; pp. 30-31) asserted that "Everything in the past is saved from being transitory. Therein it is irrevocably stored rather than irrevocably lost. Having been is still a form of being, perhaps, even its most secure form."

> As Guttmann (1996) explains logotherapy's orientation to time:
> ...There is no need to dwell on the past forever. A delicate balance must be found between past accomplishments and the promise of the future. Love experienced, however important and significant at the time; work accomplished and treasured; deeds performed in the service of the community, or of persons in need, must be put in proper perspective. They are the realities of the past; they are treasured for what they meant, people can turn to them for solace and hope. Yet, life demands living in the present. The past is safe, for it cannot be taken away, whereas all else can be lost in an instant; we have to concentrate our waning energies on the present--but with an eye on the future, even if this future may be short-lived, such as for the very old. For only in the present can we correct past mistakes, repent for past wrongdoings, atone for past sins, and mend our ways (Guttmann, 1996; p. 22).

This thought could be applied in the case of Mr. A., who can "take stock" of his contribution to the work of the library, and, to see, that he has always used his talents and his skills according to his best ability. His talents and the ways in which he used them in the past, remain. No power on the face of this earth can erase or annihilate them. Perhaps, there are other areas in his life, now that he will no longer be able to use his talents at his workplace, that he has never thought of before, where his talents would be much needed.

Another logotherapeutic principle that can be used in modifying attitudes about life and death is this: "life's quality can far surpass its brevity" (Barnes, 1993). Lukas (1986) noted, that when we can see our lives in the light of principles such as these, then we are lead to realize the freedom that is available to us in our spirit, and notice how this freedom can be voiced through the attitudes that we take toward negativity and adversities in our lives.

The following case studies illustrate the use of modification of attitudes in clinical practice:

Case 1: Attitudes Toward Past Memories:

A young woman came to see Guttmann (1996) in despair because she could not get over her fear of failing the university entrance examination. She reported that every time she started to study, she remembered her high school teacher who told her that she "would never succeed." She accepted this statement without criticism and even before taking the exam, already considered herself a failure. In order to awaken her defiant power of the human spirit, Guttmann (1996) challenged her to see that "...you are not a failure, unless you want to become a failure" (Guttmann, 1996; p. 127). The therapist told her that many predictions are made by people which turn out to be mistakes. He invited her to prove to herself and to her former teacher that the teacher's predictions were also mistaken. "People change and are able to change" (Guttmann, 1996; p. 128), he said to her. When he inquired about whether it was possible that, at the time that the teacher made this prediction about her future, she was really not doing her work diligently, she acknowledged this with a smile on her face. She recalled that she was preoccupied with thoughts and fantasies about a boy and neglected her studies. "But now," she said, "I feel I am ready to try" (Guttmann, 1986; p. 128). The therapist reported that she left the office determined to prove to herself that she can do her best this time.

Case 2: Attitudes Toward One's Children.

> A young mother complained bitterly about the work she had with her two small children. "I have to be after them and watch that they don't get into anything. I have to feed them, dress them, clean away their toys, wash mountains of laundry. To go shopping with the two is a torture, and when they are finally in bed at night, I'm finished."
>
> Here modulation of attitude has to take the form of near-shock to shake up the mother. "Imagine," I told her, "the children get very sick and die. Then you would be free again of all your duties and could enjoy life..." "For heaven's sake!" cried the young mother. "I can't bear even to think about that! No, no. I'm glad my kids are healthy, even if they mean a lot of work. Perhaps I should not even talk about it, or God could hear me..." (Lukas, 1986; p. 50).[76]

Case 3: Attitudes Toward Life and Death.

> Mrs. H. was 29 but had started to dye her hair since she discovered her first gray hair at the age of 25. She had developed a strong allergy against the dye and was in danger of losing her hair if she continued to dye it. She became so desperate that she considered suicide. I attempted a modulation of attitudes and drew her attention to the fact that gray hair can be seen as a warning signal: time is passing. Stop postponing. Usually, the warning comes at a later age, but having received it at 25 it gave her more time to do things.

> She began to see her gray hair with new eyes: not as a reminder of her aging but of the things she still wanted to do. She started rug weaving, a hobby she postponed, she traveled, she took courses. Since she considered aging as an impulse to living she never thought of death any more (Lukas, 1979; p. 7).[77]

3. Other Logotherapeutic Methods.

The methods which will be described represent further developments in extending the practical applications of logotherapy in counselling psychology:

a. The Socratic Dialogue.

The purpose of the Socratic dialogue is to help clients discover themselves through discourse (Welter, 1987). As its name indicates, this method takes its name from Socrates, who considered the role of a good teacher not to pour information into the head of his or her students, but, rather, to make them conscious of what deep down, in their unconscious selves, they already know to be true.

Frankl (1965) said that the common element in logotherapy and psychoanalysis is that both aim to bring unconscious contents to the level of conscious awareness. However, as we discussed earlier, logotheory regards the unconscious not only as the "reservoir" of repressed instinctual drives, but also as the store of our spiritual aspirations (Fabry, 1994).

> The Socratic dialogue, or self-discovery discourse, enables patients to get in touch with their noetic unconscious and become aware of their true evaluation of themselves and their potentials, their preferred directions, and their deepest meaning orientation. From childhood they have put on masks in order to please, to be accepted, and to avoid guilt. The self-discovery discourse helps patients discover their selves under the mask--the beautiful selves that can be actualized

toward meaning and the ugly selves that can be improved or at least honestly accepted (Fabry, 1994; p. 135).

Frankl acknowledged the therapeutic effectiveness of psychoanalysis and individual psychology when he stated that logotherapy is "...like a dwarf standing on the shoulders of giants (Frankl, 1965; p.13). Part of the method of the Socratic dialogue is gaining an increased understanding of clients' inner selves, their motivations, inclinations, and pain (Frankl, 1986). However, beyond these determined and unchangeable factors at the dimensions of the body and the psyche, logotherapy recognizes the dimension of the human spirit.

With regard to the metaphor of the dwarf, Frankl added, that, "...sometimes, the dwarf can see a little further than the giants" (Frankl, 1965; p. 13). Existential analysis (Frankl, 1965), whereby the therapists attempts to re-construct the life-line of the client, is part of logotherapy, however, it is not concerned merely with facts. As Frankl (1994; p. 61) said, we are not factual, but facultative beings, who are always directed toward not what *is*, but what *can be*.

A fundamental principle that underlines the practice of logotherapy is that "...unmasking and debunking should stop as soon as one is confronted with what is authentic and genuine in man, such as his desire for a life that is as meaningful as possible. If it does not stop then, the man who does the debunking merely betrays his own will to depreciate the spiritual aspirations of another" (Fabry, 1994; p.p. 147-148).

The technique of the Socratic dialogue was first described by Frankl in his book "*The Doctor and The Soul*" (1986). In explaining the essence of this method, Frankl stated that the logotherapist recognizes that the search for meaning is a never-ending journey. He or she joins the client in the pursuit of meaning as an equal partner. The therapist may challenge, and has an obligation to challenge clients whenever their attitudes are self-destructive, but challenging in logotherapy is always done with empathy. The encounter between the therapist and the client (or group participants) never becomes hostile and negative; logotherapists and clients are allies in their common search for a way out of frustration and emptiness. Socratic dialogue may start out with a struggle between client and therapist, but it becomes a shared struggle in the search for uniqueness, choice, responsibility, response-ability, self-distancing, and self-transcendence--the five avenues to realizing deeper meaning in life.

According to Welter (1987), the counsellor's Socratic questions and the counsellee's responses to these questions make up the Socratic dialogue. The counsellor's questions should be such as to heighten the client' self-awareness and deepen their look within to verify their most defining attribute--freedom: "This is the genius of the Socratic dialogue, explained Welter, "when clients discover their freedom, they can begin to be responsible. It is when people feel predetermined that they are irresponsible--not able to respond" (p. 69):

> Yoder [Dr. James Yoder, a logotherapist and psychologist in Kansas City] makes the point that Socratic dialogue should be specific. He notes some Socratic questions from actual counselling sessions: "What did you feel?" rather than "How did you feel?" *"What does the present situation demand?" "Something keeps you from behaving this way. What is it?" "What did you discover from that experience?" "What are you learning about yourself as you experience this very human struggle?"* [Yoder, 1985; p. 104; cited in Welter, 1987; p. 69]. By such questions, Yoder says, "the counsellor urges the client to look beneath the surface, not to be content with generalities and quick explanations about behavior" [Ibid]. Therefore, it may be seen that the Socratic dialogue produces depth in the conversation (Welter, 1987; p. 69).

Welter (1987) continued to explain that Socratic questions can be thought of as "two-legged" (p. 69) questions:

> Socratic questions need to be asked that stretch the thinking of the client. This requires careful listening to find the circumference of the client's thought. If the

> question is entirely within the circumference, it will not have the stretching quality. If it is totally outside the client's thought, she will not be able to connect with it. The question needs to stand with one leg firmly in the client's way of looking at her world, and the other in the new territory (Welter, 1987; pp. 69-70).

The following example of the Socratic dialogue was presented by Lukas (1986) in her book *Meaningful Living*. The dialogue takes place between the therapist and a woman who had "everything," yet, she stayed in bed much of the day to the pity of those who loved her. The therapist suspected that she "needed" to be sick, and asked her the following thought-provoking question:

> "You stand among the flowers and water the weeds," I once told the patient and she laughed. "That's exactly what I do," she said.
> "Why?" I kept asking. "Why?"
> "That's why I come to you," she said. You water the flowers, I water the weeds" (Lukas, 1986; p. 136).

The Socratic dialogue powerful because it creates an image that stays with clients that they can think about even after they have left the counselling office. There are two cautions that should be noted with respect to its application: First, that Socratic dialogue is most effective in the right moment, when clients are ready for it. In such cases, one powerful image may be enough to help clients distance themselves from their symptoms.

The second consideration is that counsellors need to know the moment when silence is more curative than words. This is when clients think about images, they reflect on the words of the counsellor, and try to relate them to their lives. This is a process of clients re-gaining their independence. And, while the therapist can lead and encourage, at this final stage, as clients find themselves, the therapist must quietly step back, he or she has nothing more to add.

The following examples illustrate the use of the Socratic dialogue in counselling psychology:

Case 1: Regaining Basic Trust.

A fragment of Dr. James Yoder's Socratic Dialogue with a young man was presented by Fabry (1988). The client suffered from self-depreciation, and dreamt about a silver wire dangling out of the power plant in his chest. The fragment illustrates how Socratic dialogue can be applied to highlight the positive, affirmative phrases from bits of dreams, goals, and experiences, and to 'play them back' to the counsellee, so that he becomes conscious of them:

> **Fred:** (after telling about his life which is full of disappointments): I'm afraid sometimes to take another step--not sure whether it will make sense.
>
> **Yoder:** Let's look at your past. If your past is like a web of spider spins (Fred had used that phrase), what kind of web do you spin? Your life seems to contain jewels of achievements, experiences, relationships.
>
> **Fred:** Yes, I would say so.
>
> **Yoder:** No one can take them away from you. What do you learn from looking at your past, full of such jewels?
>
> **Fred:** I do learn, even though I really feel down and deserted. A part of me is resting up, getting ready to take another shot of life, later. (He tells Yoder that he read Frankl's account of his experiences in the concentration camps.)
>
> **Fred:** I have been thinking about what Frankl said all week, ever since I read that.
>
> **Yoder:** What goes through your mind?
>
> **Fred:** I must say, pessimism. I see myself as probably being one of those who would not have survived, emotionally, spiritually, and yet that's not entirely true. I have some hope for myself. I see myself as one of the 99% who did not remain spiritually intact...as one who would sell my brothers to stay alive...but the fact that Frankl shows that some did not compromise and they still stayed

alive proves that one can survive.

Yoder: Talk about hope. I heard you say you still have hope.

Fred: yes, I...I refuse to write myself off, and yet I (slide back into stories about rejections and traps).

Yoder: As Frankl says, every person has his or her own concentration camp. Tell me about yours, and about your emergence, your hope. The very fact that you sit here today discussing your pain, your freedom of choice...your mention of hope demonstrates that you have survived.

Fred: Well...I think that is true. How did I manage to get out? certain people cared about me.

After this dialogue Fred told the therapist about the people who cared for him and about his dream, which Dr. Yoder used to show Fred how he wants to live his life. Yoder reported that this was the turning point of the session. Fred had become receptive to seeing himself in a more positive light. Dr. Yoder's comment of the dialogue was: "Always the clients are affirmed for their positive and courageous stand amidst all their suffering. From this session alone, I knew that Fred was well along the road to recovery, transcending his feeling of meaninglessness and depression" (Fabry, 1988; pp. 25-27).[78]

Case 2: Grief-counselling.

The following case study was reported by Dr. Hiroshi Takashima, the author of the book *Humanistic Psychosomatic Medicine* (1990). On his lecture-tour on logotherapy in Australia, Dr. Takashima was asked by one of his colleagues to see a 50-year-old woman, one of this colleagues' patients, who had recently lost her daughter, and suffered from depressions and anxieties. In her depression, the woman attempted to commit suicide, and when her attempt failed, she became even more depressed. Dr. Takashima could see her only for a brief period of time, during which the following dialogue took place:

Question: If your daughter were alive, who amongst you would suffer?

Answer: My daughter.

Question: Do you still love her?

Answer: Yes, very much.

Question: Would you be willing to suffer instead of her, if she were alive?

Answer: Of course, I would suffer willingly.

Question: But she has already died and cannot suffer. And thus you can suffer instead of her--if someone has to suffer. let me give you an example:
Suppose that suffering is like water. You are now drowning in the water and you try to save yourself, despite the feeling that it can't be done, correct?

Answer: I simply cannot.

Question: But in the water of suffering you can swim instead of drowning, isn't it?

Answer: Yes, I think so.

Takashima (1990) added:

"...This simple, uneducated woman was able to understand that suffering had a meaning and she accepted it. She changed her attitude to suffering, from the negative and self-destroying to positive and constructive one. She and her husband held hands. She cured herself by her wisdom, orientation to meaning, and free decision" (Takashima, 1990; p. 98-100).[79]

Case 3: Accepting Fate.

The following dialogue took place between Frankl and an 80 year-old woman, Frau Kotek, who suffered form incurable cancer, and was depressed. Frankl said that the question therapists are faced with in such cases is how to convey to clients that what we have already accumulated in the granaries of our past can never be taken away from us. "...Everything there is kept safe and sound, deposited until claimed" (Guttmann, 1996; p.

157). Here we see an example of how Frankl uses the Socratic dialogue to practice psychotherapy with dignity:

> **Frankl:** What do you think when you look back on your life? Has life been worth living?
>
> **Frau K:** Well, doctor, I must say that I had a good life. In truth I had a wonderful life, and I have to thank God for what my life gave me: I went to the theater, and to concerts, and...with the family in which I served as a maid for decades, first in Prague and later in Vienna. And for the grace--for all those wonderful experiences, I thank God.
>
> [I nevertheless felt that she also was doubtful about the ultimate meaning of her life and I wanted to steer her through her doubts, so I had her question the meaning of her life on the conscious level rather than repressing her doubts.]
>
> **Frankl:** You are speaking of some wonderful experiences; but all this will end now, won't it?
>
> **Frau K** (*thoughtfully*)**:** Yes, everything ends...
>
> **Frankl:** Well, do you think now that all the wonderful things of your life might be annihilated?
>
> **Frau K:** (*still more thoughtfully*): All those wonderful things...
>
> **Frankl:** But tell me--do you think that anyone can undo the happiness that you have experienced? Can anyone blot it out?
>
> **Frau K:** No, Doctor, nobody can blot it out!
>
> **Frankl:** Or can anyone blot out the goodness you have met in your life?
>
> **Frau K** (*becoming increasingly emotionally involved*)**:** Nobody can blot it out!
>
> **Frankl:** What you have achieved and accomplished--
>
> **Frau K:** Nobody can blot it out!
>
> **Frankl:** Or what you have bravely and honestly suffered: can anyone remove it from the world--remove it from the past where you have stored it, as it were?

Frau K (*now moved to tears*)**:** No one can remove it! [Pause.] It is true, I have had a great deal to suffer; but I also tried to be courageous and steadfast in enduring what I must. You see, Doctor, I regard my suffering as punishment. I believe in God.

Frankl (*trying to put himself in the place of the patient*)**:** But cannot suffering sometimes also be a challenge? Is it not conceivable that God wanted to see how Anastasia Kotek would bear it? And perhaps he had to admit, 'Yes, she did so very bravely.' And now tell me: can anyone remove such an achievement and accomplishment from the world, Frau Kotek?

Frau K: Certainly no one can do it!

Frankl: This remains doesn't it?

Frau K: It does!

Frankl: What matters in life is to achieve something. And this is precisely what you have done. You have made the best of your suffering. You have become an example for our patients because of the way you take your suffering upon yourself. I congratulate you for this achievement, and I also congratulate to the other patients who have the opportunity to witness such an example.

[*To the audience.*]

Ecce homo! [*The audience bursts into spontaneous applause.*] This applause is for you, Frau Kotek. *[She is weeping now.*] It concerns your life, which has been a great achievement. You may be proud of it, Frau Kotek. And how few people may be proud of their lives...I should say, your life is a monument.
And no one can remove it from the world.

Frau K (*regaining her self-control*)**:** What you have said, Professor Frankl, is consolation. It comforts me. Indeed I never had an opportunity to hear anything like this...

[Slowly and quietly she leaves the lecture hall.]

A week later she died. During the last week of her life, however, she was no longer depressed but, on the contrary, full of faith and pride. Prior to this, she had felt agonized, ridden by the anxiety that she was useless. Our interview had made her aware that her life was meaningful and that even her suffering was not in vain. Her last words were: "My life is a monument. So Professor Frankl said, to the whole audience, to all the students in the lecture hall. My life was not in vain..." (Frankl, 1984b; pp. 121-124).[80]

According to Fabry (1994),

> ...logotherapy has been given credit for "rehumanizing" psychotherapy, and the Socratic dialogue is its main vehicle for the rehumanization. Abraham Maslow, in Religion, Values, and Peak Experiences, points to the I-Thou encounter between existential therapist and patient that the mirror-type analyst cannot achieve. "Even the classical psychoanalysts would now be willing to admit," Maslow says, "that care, concern, and agapean love for the patient are implied by the analyst in order that therapy may take place." But even this therapist-patient encounter on the human level is not enough. Logotherapy, says Frankl in Psychotherapy and Existentialism, goes a step further and opens that two-sided relationship to include a third "partner"--meaning. the Socratic dialogue is an I-Thou relationship between therapist and patient directed toward meaning (Fabry, 1994; p. 137).

b. The Logoanchor Technique.

This technique was developed and described by Westermann, in 1993. Logo-anchor refers to experiences, images, and events that once filled a person with wonder and a sense of uniqueness. The method aims at making people aware of such instances in their past for use in the present. According to Westermann (1993) this technique can be used to bridge gaps in communication between partners in couples counselling; to find motivation for living in individual and group settings; and to comfort frightened, lonely, and anxious clients.

c. The Appealing Technique.

The appealing technique was developed by Lukas in 1986. She stated that, logotherapeutic techniques might not be applicable in the case of young clients, clients who are dependent, unstable, or addicted, and clients who are near collapse, or whose energy level is too weak to carry out a therapy plan with free cooperation. These conditions, explained Lukas (1986) represent instances where the noetic dimension may be temporarily blocked, and the resources of the human spirit are not fully accessible before the blocks are removed. The essence of the appealing technique is that, regardless of clients' current physical, emotional, and mental abilities, the therapist communicates trust in the unlimited dignity, responsibility, and meaning-orientation of the client. The therapist relays to clients, that although their sense of freedom may be blocked at the present, it can be freed to accomplish self-chosen tasks and goals (Lukas, 1986).

For example, in the case of drug addictions, it is not possible to change clients' meaningless paths of self-destruction before they undergo detoxification. For as long as they are in the grip of the drugs, their resources of the human spirit are blocked (Lukas, 1986). Similarly, in the case of endogenous depression, the treatment should consists primarily of pharmacotherapy and shock therapy (Frankl, 1993). The role of logotherapy is to make the patient aware of the good prognosis, to discourage them from attempting to fight depression with their own will-power, which in this case is not possible, and to help them to learn how to "...let the waves of depression wash over them" (Frankl, 1993; p. 67).

As part of the appealing technique, in all cases in which clients try to blame others for their failures, starting their sentences with "because," logotherapists can ask them to reformulate their story-line to "although" (Guttmann, 1996; p. 133). For example, to say that "although they were not accepted by their parents as children, they have the capacity to show to themselves, and to others that they can live a decent life."

d. The Method of Common Denominators.

This method was first described by Frankl in his book the *Doctor and the Soul* (1965; 1986) for helping clients in their decision-making process. When clients are confronted with equally desirable goals, the therapist projects them onto the level of values, where clients are helped to become more aware of their own value-hierarchies. The realization of either values represents unique and irrepeatable opportunities. Upon gaining conscious awareness of their value hierarchies, clients are invited to consider whether in this hierarchy they would like to actualize, what they believe, is the "greater-," or the "lesser good."

Lukas (1995; p. 135) provided the following case example to illustrate this process:

Case 1: A married woman, the mother of two children, called Mrs. Lukas late one evening to request help. She said that she was desperate because she was thorn between her commitment to her husband, and a casual relationship with her lover. Reportedly, her husband and her children did not know about her strong attachment to her lover, but she could not go on living without being able to reach a decision about whether to stay with her family, or to leave. The woman said that, earlier, she attended many counseling sessions to deal with this issue, before, but, unfortunately "none of them helped me make a decision." Dr. Lukas proposed to make the following balance sheet of common denominators: "First, think about how many people would be affected by your decision to leave your husband and to go an live with your lover," she asked her. "Put the names of all these people in a column, one below the other." The woman listed five people: her husband, her lover, herself, and her two children. Next, Dr. Lukas asked her to think about how each of these people would feel about her decision to leave, and then, about her decision to stay, and why? The woman said that her husband would be definitely very sad if she left because he loved her very much. Dr. Lukas asked her to put a "minus" sign next to her husband's name under the column "leave," and a "plus" sign in the column underneath the heading "stay." Her lover, continued the woman, does not really care. So, Dr. Lukas asked her to put a "plus and a minus" sign next to her lover's name in both columns. "Myself," continued the woman, "don't really know what to do." So, again, Dr. Lukas asked her to put a "plus and a minus" sign next to her name in both columns. "My children would definitely miss me very much" said the woman. Dr. Lukas asked her to put two plus signs next to their names in the column "stay" and two "minus signs" in the column "leave." Then, she asked the woman to add up the pluses and minuses in both columns. The total for column "stay" was five pluses, two minuses. The total for column "leave" was two pluses and five minuses. The "results" indicated that it would be "better" for her to stay. However, Dr. Lukas refrained from value judgments. [Logotherapy teaches that the ultimate decision, and responsibility, always belongs to clients. Without obeying this responsibility, counsellors would compromise human dignity.] "There is only one thing that is left for you to do," said Dr. Lukas to the woman, "and, it concerns a decision that no one else can make instead of you: You have to decide how much pain you want to inflict upon those whom you love." The woman thanked Dr. Lukas. The wisdom that she already knew in her heart reached her conscious awareness (Lukas, 1995; p. 44).[61]

e. Frankl's Mountain-range Exercise.

Frankl's "Mountain range Exercise" (Ernzen, 1990; p. 133) can be used in individual sessions and in small groups to broaden clients' value base: In the *Doctor and the Soul* (1986), Frankl invites us to spread our lives before us like a beautiful mountain range. The purpose of the exercise is to invite us to think about what we would put on the peaks. Wouldn't people who touched our lives, or whose life-example we cherish, make all the difference in how we view our life as a whole? Participants in group settings can be invited to sketch out their range. Then they are given an opportunity to discuss who appeared on their range. Clients are encouraged to look for recurring values and reflect on the empowerment that they received from these values. Ernzen (1990) reported the use of this exercise with recovering alcoholics, and psychiatric inpatients (mostly with schizophrenic diagnosis), in order to focus on values of other persons that the participants may have incorporated into their own value system, and occasionally, to help participants realize that there have been positives in their lives.

III. The Follow-up Phase of Therapy

The task of the therapist during the follow-up period is to monitor clients' condition until their healthy patterns are well established. The situation in which they are discharged might not be ideal. They may find life more stressful than they can handle, or they may have more free time than before that they would have to learn how to fill. Stress from over-demand, on the one hand, and hyper-reflection from too much leisure, on the other hand, can lead to clients' relapsing into their former unhealthy patterns. From a logotherapeutic perspective, Lukas (1986) proposed broadening clients' value base, and helping them to discover unique meanings as two ways of reducing the chances of relapse.

Lukas pinpointed that, while the relevance of the diagnostic and therapeutic phases are evident in counselling, the significance of the follow-up stage is yet to be recognized (Lukas, 1996). In her reflections on the nature of the Logotherapeutic counselling process, she wrote:

> In applying Logotherapeutic principles during the three phases, one must realize hat there is no such thing as a specifically logotherapeutic diagnosis; in therapy ore is needed than logotherapeutic techniques; and the follow-up requires knowledge that goes beyond logotherapy. While it is true that pure logotherapy is not enough for psychological counselling, it is also true that such counselling is incomplete without application of logotherapeutic principles. These principles are not universal guidelines but a professional supplement to optimal living, regardless of the approach used (Lukas, 1986; p. 36).

This leads us to examining the importance of establishing a careful differential diagnosis, and observing those logotherapeutic guidelines which apply to the nature of the counselling process. We will proceed to answer these questions by examining the place of logotherapy among other treatment modalities.

CHAPTER 9: LOGOTHERAPY AND OTHER TREATMENT MODALITIES

"Knowledge is wisdom, and wisdom
is the knowledge of one's limitations."
(Albert Einstein)

Introduction

According to Frankl (1991) the skillful application of logotherapy's techniques requires both knowledge and wisdom on the part of the therapist: Wisdom, to understand what clients' needs are; and knowledge, to determine how to best respond to them. While there is ample amount of space for improvisation in logotherapy (Frankl, 1995), there is also a need for a thorough understanding of logotheory and experience in applying logotherapeutic techniques in practice. Perhaps, the most important consideration in the application of logotherapy is the understanding of its boundaries in counselling psychology (Frankl, 1986).

Logotherapy was primarily developed with the intent of treating noogenic neuroses (Frankl, 1993). However, as we saw in the previous chapter of this dissertation, its tenets can be readily applied in many cases in counselling psychology. Subsequently, we may ask: "How does one draw the line between the application of logotherapy and other treatment modalities?"

I. The Characteristics of Logotherapeutic Counselling

A. The Person of the Therapist

1. Establishing the Initial Rapport

Frankl (1995) emphasized that the selection of the appropriate approach in counselling psychology always depends on two variables: (1) the unique person of the therapist; and (2) the unique person and concerns presented by the client. Not every therapeutic method is suited for the use of every therapist; and therapeutic methods and techniques can not be generalized from one client to the next (Frankl, 1995).

According to Welter (1987) the purpose of counsellor education is to assist counsellors in learning about their *own* personalities, aside from increasing their understanding of the nature of those concerns which can be addressed in counselling psychology. It is relevant, maintained Welter (1987) that counsellors' preferences, lifestyles, world views, the awareness of their strengths and weaknesses will influence the style of their counselling. It will impact counsellors' choice of their own approach to treatment as well as the direction in which they continue to develop and refine their art of counselling.

Welter (1987; p. 47) developed the "Response Style Questionnaire" as one way of helping his students learn about their own "style," and preferences. This questionnaire is based on the idea that, in therapy, counsellors can rely on five response channels to help their clients: (1) sensing; (2) emotions; (3) thoughts; (4) choices; and (5) actions.

Similarly, therapeutic methods, can be classified according to the predominant responding channel therapists rely on during their counselling of clients. For example, Welter (1987; p. 48) listed Breathing Therapies, Massage, Relaxation Therapies, and the Method of Therapeutic Touch, under the category of "*sensing*;" Client-Centered Therapy, and Gestalt Therapy under "*emotions*;" Psychoanalysis, Rational Emotive Therapy, and Transactional Analysis under "*thoughts*;" Existential Therapies, Logotherapy, and Reality Therapy under "*choices*;" and Behavior Therapy, Reinforcement Theory and Psychoanalytic Therapy under "*actions*."

One can be drawn to a particular theoretical orientation on the basis of one's strengths in connecting with people, and one's unique life experiences and background. However, even the founders of the listed "schools" of therapy did not use one channel in responding to their clients, to the exclusion of all the others: They used their strongest channel to connect with their clients (Welter, 1987).

Most effective counselling approaches," explained Welter (1987), require that we begin by understanding clients' feelings and letting them know that we understand. But this approach, while an excellent place to start, is not a good place to end. In fact, if the counselling ends there, it may be counter-productive because clients are left even more deeply immersed in their problems. Building on their strengths in establishing interpersonal relationships, therapists must continue to develop a therapeutic relationship with their clients.

2. Establishing the Therapeutic-relationship

Lantz (1986) wrote extensively about the nature of the therapist-client relationship on the basis of therapists' developmental experiences, interpersonal history, professional background, present psycho-social situation, and, most importantly, their philosophy of treatment. In an attempt to clarify the nature of the therapist-client relationship in meaning-oriented therapy, Lantz (1986) reviewed two different treatment philosophies: the strategic approach and the open-system approach.

a. The Strategic Approach.

A review of this approach suggested that strategic psychotherapy methods are effective because they promote action and reactive insights in spite of clients' resistance and homeostasis (Lantz, 1986):

> Such interventions are based on the idea that clients are not able to see beyond their own perceptions or ongoing patterns of interaction and psychological problem solving [Haley, 1976]. In the strategic view, the therapist believes that input from the outside is needed to interrupt problematic patterns

> and to prompt clients to let new patterns evolve. In this way, they will learn what has been missing. The therapist arranges a situation or a crisis from the outside to bring about a change within the clients [Haley, 1976]. Strategic methods are often used because they ignore the internal dynamics of the clients [Lantz, 1978, and Skynner, 1984].
>
> In the strategic approach therapists basically remain emotional outsiders [Haley, 1976] because they are primarily interested in altering the structure and rules governing the functioning of their clients. This view believes that if therapists become even temporarily involved in the client's emotions, this will prevent effective strategic interventions (Haley, 1976; cited in Lantz, 1986; p. 29).

In the strategic approach, explained Lantz (1986), the personality of the therapist has less significance than in an open-system approach. Since therapists remain outsiders and distant to clients, their personality has no impact on upon the thoughts, behavior, and feelings of the clients. Therapists who follow the structural approach can be kind and friendly to clients; however, they never get emotionally or existentially involved in clients' lives. Consequently, clients experience the impact of the therapeutic intervention, but they do not experience the therapist as a person (Lantz, 1986). Neither do clients have much impact upon the therapist's emotional and noetic life (Lantz, 1986). This is why, according to Lantz (1986; p. 29), "...the strategic approach does not seem to be compatible with the humanistic and antireductionistic stance advocated by logotherapists."

b. The Open-system Approach.

> In the open-system approach, suggested by some psychoanalytical [Mullan, and Sanguilliano, 1964; Skynner, 1984; and Sullivan, 1953] and existential [Andrews, 1979; Buber, 1947; Lantz, 1978; Lantz, 1982; and Mullan, and Sanguilliano, 1964] practitioners, therapists are emotionally involved and become temporarily active in the client's emotional system. Because of this involvement, both

therapists and clients are learning and growing [Curry, 1966; Mullan, and Sanguilliano, 1964; and Skynner, 1884]. Many authors [Andrews, 1979; Mullan, and Sanguilliano, 1964; and Skynner, 1984] consider this an open-system approach because it includes the therapists in the treatment in a way that allows them to be open to treatment system reflection. This permits a reciprocal process of growth in both therapist and client (Curry, 1966; Mullan and Sanguilliano, 1964; and Skynner, 1984; cited in Lantz, 1986; pp. 29-30).

B. The Concept of Existential Counter-transference

According to Lantz (1986), the open-system approach is compatible with logotherapy because it "...encourages, and in fact demands that therapists actively reflect upon, monitor, and utilize their feeling during treatment" (Lantz, 1986; p. 30). "Existential Counter-transference"--a term explained by Yalom (1980, cited in Lantz, 1986) can be used in the open-system approach to help both clients and therapists discover meaning (Lantz, 1986).

Lantz (1986) illustrated the process of understanding and utilizing existential counter-transference with the following example:

> The Jones family requested family treatment because their fourteen year-old son had been running away from home. This pattern started a few months after the father discovered he had leukemia. The parents insisted that they need not spend much time talking about the leukemia because this was handled by 'medical authorities.' Family treatment was needed only to stop the son from running away. In spite of the obvious connection between the son's problems and the father's leukemia, the therapist did not push the family to talk about the leukemia. The therapist also 'ran away.' This went on for a number of sessions until a colleague asked the therapist how he was doing with the Jones family in view of the fact that Mr. Jones has a serious illness just like your father.' The

> therapist had completely denied any connection between his work with the Jones family and the fact that his own father was suffering from a serious heart condition.
>
> In the next session the therapist told the family that he was having difficulties working with them and that he needed to tell them why. He shared his feelings (fear, anxiety, concern, grief) about his father's serious condition. He told the family that he wanted to run away from his feelings about his father and that he felt that he was helping them run away from their feelings about Mr. Jones' condition. At this point, the son began to cry and talked about his fear. he stated that no one wanted to talk about 'Dad's problems' and that he felt 'all alone.' The therapist suggested to the son that 'maybe we should run away together.' The father then shared his feelings about 'also wanting to run away.' Mother pointed out that she felt 'all alone anyway' and was 'afraid to talk about anything.' The family finally decided to 'run away with each other' and talk with each other about the leukemia while they were 'running away.' Sessions were increased to twice a week and were used as 'family runaway time.' The son stopped really running away and the family started dealing with each other about the family tragedy. All members reported that they were content to at least be talking to each other in a meaningful way (Lantz, 1986; p. 30).[62]

In view of Lantz's (1986) comments, an analysis of the case studies presented in the body of this dissertation reveals that both systemic and structural methods have *place* in meaning-oriented treatment. While, in general, logotherapy is more compatible with the systemic approach to treatment, structural methods can be used in particular cases, where therapists have to find a fine line between understanding their clients' existential distress and detaching themselves sufficiently from their clients' concerns not to be drowned in their struggles to be able to help therapeutically.

C. The Principles of the Therapist-Client Relationship in Logotherapy

A central issue in logotherapy and other existential therapies, stated Lantz (1986) is the way in which the therapist and the client work together. The therapist's presence can both facilitate and limit the client's opportunities to engage in meaningful interactions and to find meaning in the interaction with the therapist and with others. Therefore, logotherapeutic practice is based on assumptions which include the following: (a) commitment to authentic communication by the therapist; (b) the therapists' communication of essential humanness; and (c) the therapist's ultimate concern being similar to that of the client's.[83]

1. Commitment to Authentic Communication

> Logotherapists view treatment as a joint venture between therapist and client, directed toward developing increased meaning-engagement within the client's life. The logotherapist's task includes active participation in helping clients to discover meaning. The relationship between client and therapist is a "noetic" problem-solving process. Therapists are most effective when they model self-transcendence. Such modeling is similar to Buber's [Buber, 1947] I-Thou relationship and can occur only through the active use of the therapist's open system, the subjective response to clients within the experience of directly working with them. Authentic interaction between the therapist and the client is most likely when the therapist is active, innovative, candid, provocative, directive, investigating, supportive, encouraging, explicit, intrusive, engaging, observant, clarifying, optimistic, experiential, and confrontive [Andrews, 1979]. Effective logotherapists will not present themselves to their clients as a blank Freudian screen or as external, strategic manipulators (Lantz, 1986; p. 31).

2. The Counsellor's Human Role

It has been pointed out that meaningful communication between therapist and client depends on the therapist's acceptance of their evolving as persons is effective therapy [Mullan and Sanguilliano, 1964, cited in Lantz, 1986], and that their personality is a potent factor in therapy [Strupp, 1952]. Mullan and Sanguilliano [1964] feel that the therapists' realization that they never can be fully trained or completely knowledgeable permits psychotherapy its fundamental creativity. The therapist's willingness to change may well be their best asset in helping other human beings. Their potential to help is intimately linked with their changing relationship to the self, others, and the world at large [Andrews, 1979; Mullan, and Sanguilliano, 1964; and Yalom, 1980]. Effective therapists cannot be just programmed sets of technological responses to the client's pain [Buber, 1947; Camus, 1955; and Mullan and Sanguilliano, 1964] (Lantz, 1986, p. 31).

3. Ultimate Concerns of Counsellors and Clients

Sullivan [1953] has noted that client and therapist are at a basic level more similar than they are different. Frankl [1969] and others [Andrews, 1979, and Camus, 1955] have pointed out that every human being must face tragedy, despair, death, suffering, and existential anxiety. Such feelings and situations cannot be evaded or permanently changed [Camus, 1955].

The presence of human tragedy in both client and therapist is of significant consequence to the outcome of treatment [Mullan and Sanguilliano, 1964]. Recognition and acceptance of tragedy by both can lead to engagement and self-transcendence. Denial of human tragedy cheats both client and therapist because it prevents authenticity between them which is based on their common responsibility of finding meaning in an often chaotic and painful universe. The therapist's responsibility for entering the client's lives in a way that promotes client growth can occur only when therapists recognize a common bond between themselves and their clients [Andrews, 1979; and Mullan and Sanguilliano, 1964]. This common bond is different from superficial identification. It can only exist with the therapist's realization of tragedy in human existence and their willingness to find meaning in spite of tragedy and pain. The therapist's vigorous yes to life, as it really is, is experienced by the client as a core and basic sense or permission to grow [Andrews, 1979; Mullan and Sanguilliano, 1964; and Yalom, 1980] (Lantz, 1986; pp. 31-32).

II. Responding to Clients' Needs

According to Lukas (1979), two principles apply to the treatment phase in logotherapy: (1) therapists must be pessimists and optimists; (2) therapists must explore causes and ignore causes; and (3) therapists must have their own value-system and recognize the value-system of their clients.

A. "The Logotherapist must be a Pessimist and Optimist" (Lukas, 1979; p. 3)

This principle implies that logotherapists, like other professionals, are obliged to gather all information that can help them to interpret a situation, they have to be aware of the boundaries of their profession, and make responsible decisions about whether they could be of assistance to those who seek counselling. As Lukas (1979) warned, "not every illness has psychosomatic causes, not every depression is noogenic, and not every physically ill patient suffers from existential vacuum" (p. 3).

In this respect, Lukas (1979) provided two vivid case examples to illustrate the necessity of making appropriate referrals in counselling psychology:

> Case 1: Mrs. B. was an adult woman complaining about chest pains. Since the pain increased at times of psychological stress and no organic symptom could be

found, the diagnosis 'psychogenic' seemed reasonable. The pain diminished with relaxation exercises and logotherapeutic conversation. Finally, it disappeared.

Six months later, Mrs. B. returned complaining about pain in the lower right stomach area. She reported that her family doctor smilingly talked about her nerves, and sent her to our clinic for continued counselling.

I am much afraid of organically caused pain that is erroneously referred to the psychologist, who, under such circumstances, is bound to fail. I referred Mrs. B. to another physician who did not know that Mrs. B. ever had psychogenic disturbances. This physician easily diagnosed gall stones. Without my pessimism in this case, precious time would have been lost (Lukas, 1979; p. 3).[84]

Case 2: ...One patient was a girl whose teacher had complained that she was masturbating in class and had asked my colleague for help. The school psychologist thought the girl needed analytical play therapy and that is the treatment that this girl got.

I had her examined by a medical doctor. It turned out she had chronic vaginal inflammation. For *that* reason she fidgeted in school and scratched between her legs. Yet, for six months she had been treated with play therapy. Appropriate medication brought relief within two months (Lukas, 1979; p. 3).[85]

Frankl (1979) presented two case histories to illustrate the relevance of proper differential diagnosis to determine the use of logotherapy in counselling psychology. Both were written by Frankl's students participating in his winter lecture-series on meaning-oriented therapy at United States International University.

Case 3: Noogenic Neurosis.

I am an assistant psychologist to two psychiatrists. During my supervision sessions I frequently disagreed with the psychoanalytical theory my employers sought to teach me. Yet, as their manner was very authoritarian I was afraid to express my contrary opinions. I feared I might loose my job.

After several months I began to feel anxiety during my supervision sessions, and sought the therapeutic aid of my friends. However, we succeeded only in making my anxiety worse because we approached the problem in a psychoanalytic manner. We tried to uncover some early traumas that were causing my "transference" anxiety with my supervisors. We studied my early relationship with my father--to no avail. Thus, I increasingly found myself in a state of hyper-reflection, and my condition grew worse.

My anxiety rose to such a level at my supervision sessions that I had to mention it to the psychiatrists in order to explain my behavior. They recommended that I see a psychoanalytically oriented psychotherapist for personal therapy, to get to the hidden meaning of my anxiety. Not being able to afford expensive therapy, my professional friends and I increased our efforts to uncover the hidden meaning of my condition. I suffered attacks of extreme anxiety.

My recovery began with Dr. Frankl's class 'Man's Search for Meaning,' at the United States International University. He spoke of the difficulties encountered when one tries psychoanalytically to unmask an authentic response. He reaffirmed my old belief that neurosis is not caused by childhood traumas. During that four-hour class I began to see how the therapy I had undergone had increased my problem, and that it was my self-suppression in the supervision sessions that had caused my anxiety.

I ended the therapy and felt better. Yet, the real change came during my next supervision session. I started to express my opinions to the supervising psychiatrist when I disagreed with him. I no longer feared the loss of my job because my peace of mind had become more important than my job. As I began to express myself in this session I immediately felt my anxiety fade. As I continued to express my opinions when they differed from those of my supervisors, my condition kept improving. During the following two weeks, my anxiety disappeared almost completely (Frankl, 1979; pp. 39-40).[66]

Case 4: Endogenous Depression.

Three years ago I was seized by a feeling of worthlessness that was soon followed by a deep depression. I was unable to discover the reason: I was doing well in college, had a good social life, and enjoyed many sports.

The depression continued, and I was hospitalized and put on medication. I received no psychotherapy. When I was released, I underwent Adlerian therapy for three months. The therapist interpreted my depression as a feeling of inferiority, serving as an excuse for not trying to please my father--a goal, the therapist said, I unconsciously feared I could not accomplish. I found the interpretation interesting, and it seemed to fit my situation, but the sessions produced only short-time relief, then the depression would entomb me again. I felt empty. Nothing seemed to matter. Getting up in the morning required supreme effort. Life seemed absurd and meaningless.

However, just before I received my Master's Degree in counselling, I improved. I felt better than I had since the onset of my illness. I began to work with a Gestalt psychologist. We concentrated on my feelings toward my father. I felt and expressed anger, guilt, shame, and resentment. At the therapist's encouragement, I did a great deal of crying. During many encounter groups I dealt with my feelings. These sessions produced relief but not for long. As I continued the Gestalt sessions, I became again more disturbed.

I was hospitalized again, and this time it was under the care of a psychiatrist who used Gestalt and bioenergetic techniques. He told me that I had not yet fully expressed the total of my painful feelings stored within me. I pounded pillows and screamed. This went on for months.

My anxiety became worse. I felt depersonalized. The psychiatrist told me that I have expressed enough feelings now and had to take responsibility for myself, get a job, and stop fooling around. I was a wreck. I could not sleep or eat. I sat in my room and tried to endure an agony that cannot be put into words.

Well-meaning relatives told me to pull myself together. They, as well as the psychiatrist, increased their insistence that I get a job. I tried and failed. I felt dead inside.

In desperation I went to another psychiatrist. I was ready to die. He listened as I told him what the others have demanded of me. But he disagreed. He said that I was in no condition to get a job and that exercising a strong will was not enough. He gave me medication specific to my depression.

I immediately felt better. Here was a man who realized that my condition was not simply a matter of being weak-willed. He explained to me that my condition was of a constitutional nature, made more torturous by the therapies I had received.

I felt well enough to attend the United States International University in San Diego part-time and work 15 hours a week, soon to be increased to 20 hours. When I enrolled in Dr. Frankl's course, I had no idea what to expect. In one of his lectures he gave case histories of people with endogenous depressions. The description fitted my own situation but it seemed that everything I had done in therapy until the last psychiatrist had been actually damaging. Frankl said that endogenously depressed patients must not make value judgments while they are depressed. I had been encouraged to make value judgments about myself, my relationship with my father, my working capacities. Frankl said the patients must be told of the good prognosis of this illness--that the clouds will lift in time. I was never given such encouragement. On the contrary, I had been told during my most torturous months that I would get better only when I expressed my painful feelings and, later on, only when I would force myself to get a job. Frankl insisted that endogenously depressed patients must not fight their depressions. I had been encouraged to fight my depression which only led to self-reproach and a worsening of the condition. In his lectures, Frankl made a statement I found most pertinent: "I frequently have patients put in a hospital just to demonstrate to them

> that they are really ill, and not merely lacking will-power." I had been continually told that my condition was a matter of my lack of will power. He also told his students that in endogenous depressions a person's sense of responsibility should not be challenged. I had been accused of lacking in responsibility at every turn. he emphasized that hyper-reflection and hyper-intention have a bad effect. I had been encouraged to reflect and to intend to the point where I was watching my every move and thought.
>
> Looking back on my experiences, I have many feelings. I have no malice toward those who tried to help me because I know their intentions were sincere. It is understandable that my family and friends lacked the knowledge of the proper way to help me. It is more difficult to understand the incompetence of the psychologists and especially the psychiatrists who treated me.
>
> In retrospect, I see that when I was in my Master's program and was involved and excited in my studies, I began feeling better. Then when I began my therapy of reflection and awareness, I got progressively worse. After seeing the last psychiatrist who, although not a logotherapist, employed treatment including many logotherapeutic concepts, I improved.
>
> I have had a difficult time, made worse by improper treatment. While I would not wish a similar experience on any one, I have attained through this experience a goal, a meaning that will sustain me: I hope in some way to help others see that the endurance of an unchangeable predicament is the ultimate achievement (Frankl, 1979; pp. 38-39).[87]

Frankl's (1979) concluding comments to the case histories, from a clinical perspective, were the following:

> Logotherapy defines a "noogenic neurosis'" as a neurosis deriving from the patient's conflict with their own conscience, or from their feeling of meaninglessness and emptiness. The noogenic neurosis originates in the noetic dimension, in contrast to a neurosis in the conventional sense of the word, which

> is psychogenic. Although logotherapy pays special attention to the noogenesis, it does not neglect the multidimensionality of the human reality and considers psychogenesis and even somatogenesis--organic causes sometimes responsible for mental illness. It is true that, by and large, such a possibility pertains to psychotic rather than neurotic conditions, particularly to psychotic depressions. However, because psychotic depressions (usually called 'endogenous' depressions) more often than one would expect present mild symptomatology, it is important to keep in mind in any given case that we may deal with an endogenous depression.
>
> A proper differential diagnosis is important because the therapy has to be tailored accordingly. What I wish to point out is the fact that, at least in severe cases pharmacotherapy may be indispensable, and also that psychotherapy--which, of course, is indispensable in any case--must be different, and this holds for logotherapy as well. The two cases presented above serve as apt illustrations for the need to overcome the pitfalls of diagnostic and therapeutic one-sidedness and as warning voices, raised by the victims themselves, for all of us (Frankl, 1979; p. 40).

B. "The Therapist Must Explore Causes and Ignore Causes" (Lukas, 1979; p. 4)

Prior experience, insight, and wisdom help therapists explore those causes of psychological disturbances that are significant with respect to the outcome of therapy, and which can constructively contribute to clients' growth; and to ignore or tolerate those causes which would hinder clients' further development. The latter refers to causes which cannot be changed but must be accepted, or to causes which do not cover the totality of human experience.

Case 1: Ignoring Causes.

The importance of exploring relevant causes and ignoring irrelevant causes can be seen in the example of a young couple who brought their four-year-old foster son to counselling (Lukas, 1979). The child was previously reared in the slums. He had a fascination for women's clothes, and liked to dress in clothes of the opposite sex. The foster-parents said that they were also alarmed by his statements, such as "Mommy is much gooder than Daddy" (Lukas, 1979; p. 4). They thought that the boy might have a genetic predisposition toward homosexuality.

If this boy had been their own child, noted Lukas (1979), they probably would have approached this situation quite differently. With a focus on the possible "wrong genetic predisposition" of their foster child, however, they anxiously listened to his every word and carefully observed his every response to them. It was possible, thought Lukas, that the child enjoyed the attention his unusual behavior elicited from the parents and repeated his unusual actions. In a similar vein, Lukas was concerned about the consequences of the boy's unusual behaviour patterns if the parents continued to interpret this in the light of the ways in which he was "different" from other children.

The therapist advised the parents to treat the boy as if he was their own. Some of this included reading bed-time stories to the him about brave men, and telling him that one day he might become one, and allowing him to watch his father do chores around the house. After three months of such "therapy," the parents reported no further unusual behavior patterns in their foster son. Regardless of the original cause of the child's unusual behavior, the "abnormal genes" could have done him much harm if the therapist did not ignore this determining factor, and focused instead on this child's flexibility--with some careful help from his parents.[89]

Lantz (1997) reported on the use of dream-reflection with clients in logotherapy to help them "notice" (p. 95) meaning potentials in the here and now, and "re-collect" and "honor" (p. 95) meanings actualized and deposited in the past. Two of his most vivid case examples are cited below:

Case 2: "Noticing in a Dream by Bill" (Lantz, 1997; p. 95):

Bill presented the following dream in his ninth logotherapy treatment interview:

> I was working with a bunch of men in a coal mine. The men left me off at the ninth level and went down a long tunnel to a wall of coal. My job was to dig out the coal so I used my pick ax and started to dig the coal. After a few minutes of digging I heard a voice from behind the wall of coal. I got scared, and then I woke up. I've had this dream about four or five times, and I always wake up when I hear the voice. It's a very scary dream.

The following treatment dialogue occurred after Bill presented the above dream. The dialogue was recorded on audio tape and has been modified somewhat for purposes of brevity and to protect Bill's identity and confidentiality. Bill has given permission to utilize the following dialogue in this article:

Therapist (T): Who were the men who left you off on the ninth level?
Did you know them? Did you recognize them?

Client (C): No, I didn't know them.

(T): Any feeling about who they might be?

(C): Well, they were from my hometown. It's a coal town, you know. I don't know...maybe my uncles. Yea, probably my uncles. That feels right.

(T): How about the ninth level? What's that about? Any ideas? (The therapist knows that Bill's father died when Bill was nine years old.)
(*Long silence*)

(T): Any ideas at all?

(C): No...No, not really.
(*Silence*)

(T): O.K., so let's go back to the coal wall. What does being next to a coal wall mean? What could it mean? Who was the voice? Who comes into mind?

(C): It just now popped into my mind. It's probably my father. He died in a coal mine accident. He died when I was nine. In some ways I've been hoping to hear his voice ever since.

(T): So, any chance getting dropped off on level nine speaks to this?

(C): (*Starting to cry*) Hell, yes! That's it! Level nine and I lost him when I was nine...God, that's clear!

(*Long period when client cries*)

(T): So look...these men who dropped you off...maybe your uncles. Like did any of your uncles take you up and give you time after your dad died? Any of them help you out?

(C): Hell, no!...Hell, no! I was on my own...like they helped mom out with money and stuff until she could get a job and start working. But hell, no!...My mom started working and my uncles didn't spend time with me at all.

Hell, no!

(T): So, this does not sit well with you...they left you off at level nine. No father, and left off to 'pick' for yourself. (*Long silence*)

(C): God, yes...shit. I bet it's my father behind the wall. I bet it's his voice. (*Long silence*)

(T): Maybe yes...maybe no. Who else could it be? Who else might it be?

(C): Hell, I don't know...nobody. It's got to be my father.

(T): Anyone else you know who lost a father? Anyone else you think it might be?

(*Client starts to cry again*)

(C): Shit! It's my kids behind the wall. You're right. It was a child's voice! God...I'm a workaholic and I don't spend time with my kids. Damn...I'm doing the same thing to them that happened to me. Shit! (*Client cries*)

(T): Pretty good dream...real good dream...tough talking dream.

(C): Yea...Hell of a dream. I'm becoming a dead to my kids.

I put them behind a wall...God, I've got to turn this around.

(T): So the meaning potential in the dream is not being a dead man--a dead father to your kids, and the thing you need to do is to...?

(C): Spend time with them...stop being a workaholic! Start being a father!

(T): Start being a father. Maybe take the opportunity your father never got. Do what your dad didn't get to learn to do.

(C): Yeah! That's it. It's a good dream...a tough dream! Shit! Shit! (*Crying*) (Lantz, 1997; pp. 95-98).[90]

Case 3: "Actualizing in a Dream by Joyce" (Lantz, 1997; p. 102):

In her sixth logotherapy treatment session, Joyce shared the following dream:

I was in a taxicab. I was going to a job interview. When we got to the office building where I was to be interviewed, I tried to open the taxicab door, but it would not open. I asked the man who was driving the taxi to help, but he told me that he wouldn't help. So...I didn't get the job.

After considerable reflection about this dream, Joyce decided that the dream "outlined" her long-term pattern of trying to get other people to "do things for me." Joyce reported that she was "especially good" at getting men to "take care of me" and that she was disappointed because the logotherapist was not overly eager to "solve all my problems." Joyce decided that her dream gave her "permission" to tell the logotherapist about her "methods of getting by" that she "might use in therapy." Joyce and the logotherapist were able to use this dream to reflect upon their relationship, Joyce's consistent and repetitive "dependency" patterns, and to develop a treatment contract about what was "Joyce's job" and what was the "therapist's job." The dream helped to point out the dependency patterns Joyce used to disrupt her ability to actualize the "meaning potentials" in her life (Lantz, 1997; pp. 102-103).[91]

C. Therapists must have their Own Value System and Recognize the Value System of their Clients

Logotherapists who are aware of their own value system and the value system of their clients recognize that the basis of all value hierarchies are ultimate meanings. The never-ending task of both therapists and clients is to discover the unique meaning potentials inherent in the counselling relationship and in their daily lives. Perhaps, the ultimate criterion of being a good logotherapists, concluded Lukas (1979) is to follow in one's own life that which one prescribes as health-giving to others.

III. The Place of Logotherapy among other Approaches to Counselling Psychology

Massey (1987, 1989) provided an extensive review of the major tenets of several theories of personality in comparison with logotherapy. He concluded that logotherapy is unique among theories of counselling in that it emphasizes the dimension of the human spirit as the source of one's uniqueness, freedom, choice, responsibility, and unlimited dignity, as well as one's capacity for self-distancing, and self-transcendence. Therefore, it is invaluable in complementing other approaches in psychology, which focus primarily on the psychological origin of disturbances, as well as with all other interventions which target clients' physical, emotional, intellectual, and spiritual well-being, in their particular socio-cultural milieus.

In her article entitled "*What is Special about Logotherapy?*," Lukas (1995b) claims that every theory of counselling, psychological technique and school, has a "starting point" in therapy. Some, like, autogenic training, start with a physical and psychological relaxation of the body; some, like catharsis, with emotional release; and others, like cognitive therapy, with examining one's patterns of thought. Logotherapy "prefaces" the sequence of thinking and behavior, with *attitude*. It advocates that our attitude toward our existence influences our way of thinking, and behavior.

Lukas (1995b) claims that logotherapy starts from a meta-level by first examining what matters most in life: the existential "why." This understanding helps clients conceptualize and participate in further therapy that is a quest to find "what" fits best with this existential "why." Therapy can provide valuable insights and tools in a further attempt to discern "how," through what means to live a more fulfilling life. This is the key to logotherapy complementing other approaches to treatment; through its primary focus on finding meaning in everyday life. For, instead of excluding the dimensions of the body and the psyche in therapy, knowing "why" puts them really into a meaningful perspective.

Frankl (1993) stated that the logotherapy was developed specifically for the purpose of the treatment of noogenic neurosis. As a non-specific therapy, through its techniques, it can be applied in the treatment of emotional disorders, as well. However, in neither cases is logotherapy a "panacea." Especially in the cases of neuroses and disorders, other than noogenic neurosis, it is more effective when it is combined with other treatment modalities.

Following a similar line of reasoning, Lukas (1980) captured the relevance of logotheory in clinical practice when she said:

> All the training, experiences, and techniques of the therapist will not bring about a cure [from addiction] without one ingredient that is central to logotherapy: a trust in the humanity of the patient. From everything the therapist does must emanate a deep conviction that behind all that chemistry that can be treated, and all those psychological forces that can be manipulated, stands a human spirit that can be appealed to. And a further conviction of the therapist that behind all that weakness and failure in the patient, there is a healthy core that can enable the patient to build a new, meaningful, and happy future from the ruins of the past. The patients must feel this basic trust by the therapist, and sometimes the trust of only one person is sufficient to prevent them from a relapse to addiction, sickness, and despair (Lukas, in Fabry, Bulka, and Sahakian, 1980; p. 137).

--And, when she added that, while "no therapy is complete without wisdom from logotherapy, every therapy requires knowledge that goes beyond logotherapy (Lukas, 1986).

IV. Indications and Limitations of the Use of Logotherapy in Counselling Psychology

Lukas (1983) stated that the use of logotherapeutic principles in counselling psychology is indicated whenever clients report that they are unhappy, and unsatisfied; whenever they manifest unhealthy attitudes toward themselves, or others--whether actually in the form of a neurosis, or not; regardless of their circumstances, intellectual abilities, and physical health. In her view, (1983) the spectrum of logotherapy's application ranges from medicine, to counselling, education, and pastoral care--to all areas in life where we are invited to utilize our resources of the human spirit to accept, and to optimally deal with fate, throughout our life-span, and in the final moments of our life--that "last stage of growth"--which Dr. Kubler-Ross so aptly described (Kubler-Ross, cited in Lukas, 1983; p. 127).

According to Lukas (1983), specific indications for the use of logotherapy are present in the case when clients directly express their feelings of emptiness, boredom, frustration, the symptoms of existential vacuum, leading to noogenic neurosis--when they say that they suffer from a meaningless life. Nonsepcific indications for the use of logotherapy are present when neurotic circles are already in operation; or, where one is confronted with unalterable fate.

As to the limitations of the use of logotherapeutic principles in counselling psychology, Lukas (1983) wrote:

> I have thought about the limitations of logotherapy for a long time, and it seems to me that it is difficult to draw the exact boundaries of the applications of

logotherapy because it can complement nearly any form of counselling and psychotherapy. Yet, I think, that logotherapy's principles are tied to the assumption of the intactness of the dimension of the human spirit. This does not mean that the applications of logotherapy are bound to clients' intellectual ability. Nor does it mean that logotherapy cannot be useful in complementing therapeutic methods in the case of mental disorders. However, that there are disturbances of the central nervous system which make it impossible for clients to access their dimension of the spirit. Likewise, some developmental phases in human life, such as in infancy, and, in the case of some forms of dementia, where the resources of the human spirit exist only as a potential. Last, very intense pain and suffering, such as in a shock, can block the human spirit. Logotherapeutic argumentation is in vain when people react on the basis of their instincts, without forethought, and they cannot control themselves--when ethically and legally, they cannot be held responsible for their actions.

Overall, however, I think that the applications of logotherapy are wide, and that, in general, there are no physical-, mental-, or emotional disorders which could not be assuaged in the light of a meaningful existence (Lukas, 1983; pp. 140-141).

Concluding Remarks

"Logotherapy is no panacea" (Frankl, 1995; p. 23), in that it was developed primarily for the counselling of existential vacuum and noogenic neurosis (See also in the chapter on "Treatment Modalities in Logotherapy"). It can be meaningfully integrated with theoretical approaches and treatment programs which aim to help us to live our lives to our fullest human potential, and complements other treatment modalities through its resurgence of human freedom coupled with responsibility.

Characteristic of the therapy process in logotherapy is that, aside from conceptualizing the therapeutic relationship as an interaction between the client and the therapist, it recognizes, at its center, a third element--ultimate meaning. Therefore, in meaning-oriented therapy, neither therapists nor clients are ever alone in their search for higher purpose in life. The call, which they jointly attempt to discern, is immanent and transcendent in the dimension of their spirit. Logotherapy emphasizes that to realize this call and to respond to it according to our best ability under all circumstances signifies the highest human response-ability.

CHAPTER 10: MY EXPERIENCES OF USING LOGOTHERAPY--PHASES AND TREATMENT MODALITIES IN MEANING-ORIENTED COUPLE COUNSELLING

"No power on the face of the Earth can rob you
of your experiences."
(J. W. Goethe)

Introduction

The term "meaning-oriented couple counselling" is used to describe an approach to the treatment of married and non-married couples based on the concepts of Viktor E. Frankl (Frankl, 1986, 1959, 1967, 1969, 1984b). A general assumption guiding meaning-oriented therapy with couples is that both parties in the relationship are searching for meaning in their lives (Lantz, 1996). This assumption is present in their freedom and responsibility in confrontation with events that require decision-making on a daily basis (Lantz, 1974, 1978, 1993, 1995; and Lukas, 1993, 1995, 1996).

In meaning-oriented counselling of couples, the focus is on the human encounter between the therapist and the client couple, on the growth opportunities to be found in crisis and life stage change, and on the couple's desire to discover a sense of meaning and purpose in, and through the relationship (Lantz, 1993). In this respect, the logotherapeutic notion of love as a spiritual and self-transcendent phenomenon (Frankl, 1969) signifies the direction of the therapeutic phases in counselling.

I. Logophilosophical Foundations of Counselling Couples for Meaning

A. Exploring Experiential Values

Logotheory teaches us that there are three value categories that can guide our search for meaning: attitudinal, creative, and experiential values. Creative values refer to meaningful activities and things which we put into the world. Attitudinal values signify the stand that we take toward circumstances which cannot be changed. Experiential values, clarified Frankl refer to things we take from the world in the form of valuable experiences and memories.

The "greatest" among the three value categories are attitudinal values, because when our ability to realize creative and experiential values is blocked, we still retain our freedom at the level of our attitudes. The three value-categories can be conceptualized as three dimensions, in that realizing creative and experiential values reflect our attitudes.

Whereas Frankl elaborated extensively on the nature of creative and attitudinal values, and the ways in which they can be called upon in specific counselling situations, he did not provide specific examples to illustrate the use of experiential values in counselling psychology. Yet, amidst his most intense suffering, Frankl (1963) reported finding meaning in experiential values:

> We stumbled on in the darkness, over big stones and through large puddles, along the one road leading from the camp. The accompanying guards kept shouting at us and driving us with the butts of their rifles. Anyone with very sore feet supported himself on his neighbor's arm. Hardly a word was spoken, the icy wind did not encourage talk. Hiding his mouth behind his upturned collar, the man marching next to me whispered suddenly: "If our wives could see us now! I do hope they are better off in their camps and don't know what is happening to us."
>
> That brought thoughts of my own wife to mind. And as we stumbled on for miles, slipping on icy spots, supporting each other time and again, dragging one another up and onward, nothing was said, but we both knew: each of us was thinking of his wife. Occasionally I looked up the sky, where the stars were fading and the pink light of the morning was beginning to spread behind a dark bank of clouds. But my mind clung to my wife's image, imagining it with an uncanny acuteness. I heard her answering to me, saw her smile, her frank and encouraging

look. Real or not, her look was then more luminous than the sun which was beginning to rise.

The thought transfixed me: for this first time in my life I saw the truth as it is set into song by so many poets, proclaimed as the final wisdom by so many thinkers. The truth--that love is the ultimate and the highest goal to which man can aspire. Then I grasped the meaning of the greatest secret that human poetry and human thought and belief have to impart: *The salvation of man is through love and in love*. I understood how a man who has nothing left in this world still may know bliss, be it only for a brief moment, in the contemplation of his beloved. In a position of utter desolation, when man cannot express himself in positive action, when his only achievement may consist in enduring his sufferings in the right way--an honorable way--in such a position man can, through loving contemplation of the image he carries of his beloved, achieve fulfillment. For the first time in my life I was able to understand the meaning of the words, "The angels are lost in perpetual contemplation of an infinite glory."

In front of me a man stumbled and those following him fell on the top of him. The guard rushed over and used his whip on them all. Thus my thoughts were interrupted for a few minutes. But soon my soul found its way back from the prisoner's existence to another world, and I resumed talk with my loved one: I asked her questions and she answered; she questioned me in return, and I answered.

"Stop!" We had arrived at our work site. Everybody rushed into the dark hut in the hope of getting a fairly decent tool. Each prisoner got a spade or a pickax.

"Can't you hurry up, you pigs?" Soon we had resumed the previous day's positions in the ditch. The frozen ground cracked under the point of the pickaxes, and sparks flew. The men were silent, their brains numb.

My mind still clung to the image of my wife. A thought crossed my mind: I didn't even know if she were still alive. I knew only one thing--which I have learned well by now: Love goes very far beyond the physical person of the

> beloved. It finds its deepest meaning in his spiritual being, his inner self. Whether or not he is actually present, whether or not he is still alive at all, ceases somehow to be of importance.
>
> I did not know whether my wife was still alive, and I had no means of finding out (during all my prison life there was no outgoing or incoming mail); but at that moment it ceased to matter. There was no need for me to know; nothing could touch the strength of my love, my thoughts, and the image of my beloved. Had I known then that my wife was dead, I think I would still have given myself, undisturbed by that knowledge, to the contemplation of her image, and that my conversation with her would have been just as vivid and just as satisfying. "Set me like a seal upon Thy heart, love is as strong as death" (Frankl, 1963; pp. 57- 61).[92]

Frankl's original definition of meaningful experiences and memories provides the guidelines for understanding this category of values (Fabry, 1994). According to this definition we should "locate" experiential values at the level of meaningful memories, encounters, and relationships. Here we can examine the nature of the concerns of those individuals who come for counselling and who complain about having to come to terms with memories, with experiences that have caused them much suffering. We know that most of the time, such memories are related to relationships within families, with relatives, with a spouse, children, and in society in general.

When we take a look at the essence of relationships than we discover the core of experiential values--love. Love then is an experiential value, which we know is the prerequisite of all human relationships in which there is bonding, sharing, and growth.

B. The Concept of Love in Meaning-oriented Therapy

It is often stated that "love is blind," begins Frankl's (1963) reasoning about the levels of love which can be realized in relationships. From the perspective of logotherapy, the contrary is true: Only the person who loves can appreciate the unique qualities and irreplaceable value of the other person, for such qualities are often "hidden" from the eyes of the world. Everyday, or casual relationships are not characterized by the same level of intimacy that permeates close, personal relationships.

Parallel to the three dimensions of human existence (body, mind, and spirit), Frankl (1963) described the three classical levels of love: The first level is what the Greeks called *eros*, or sexual love. This most "primitive" stage of love may be labeled with the *Will to Pleasure*--the principle of hedonism that Freud made the foundation of all human motivation (although the libido or sexual energy was not merely referring to sexual relationships but motivating energy in general, required for love and for creative work; Crumbaugh, 1996).

Frankl distinguished two sub-levels of *eros:* the purely physical side of sexual relationships based on self-satisfaction without concern for one's partner, and eroticism, or sexual desire oriented toward a particular partner (commonly called 'infatuation'). While we see that erotic love goes beyond mere self-satisfaction, and it is the beginning of a relationship and thus of love, in a logotherapeutic sense, it is not sufficiently deep or lasting to carry true meaning (Crumbaugh, 1996).

The second level of love is *philia* or 'brotherly' and 'family' love. This is obligational love: we are obligated by the social order to accept responsibility for these relationships. Adler said that power is gained only through establishing dominant relationships with other people. This could result in them loving or resenting the power-seeking individual, but if the feeling is to be a positive and helping one, it has to be an expression of love. From a logotherapeutic perspective this is still not the highest level of love because it is not given freely, apart from the responsibility to the one who is loved (Crumbaugh, 1996).

The third, final, and highest level of love is *agape* or altruistic love. Frankl described love at this level as noetic or spiritual, which, he stated, is the most powerful human motive beyond the biological drives. This level of love, he claimed, is truly unselfish, given freely without expectation of a reward. Only by reaching it do we find full satisfaction in life through feedback from extending this unselfish behavior to others. Love at this level represents the aspirational and inspirational aspects of our life (Crumbaugh, 1996).

In reference to psycho-sexual development, Frankl stated that progress from the first to the last level can be observed when we come to value a person not only for their physical appearance (as in the case of the first level of love), or for our emotional attraction and appreciation of their personality characteristics (as in the case of the second level of love), but because we can truly appreciate their whole person: "In love, we see in the partner another person...in his [or her] uniqueness" (Frankl, 1975; p. 81), and we not only say "yes" to our partner as he or she is at the present, but see future potentials which only we can help to develop (Fabry, 1994).

Only with the inclusion of the third dimension of love does a relationship become fully alive. At this dimension, it is the expression of mutual attraction in three domains: the physical, psychological, and spiritual dimensions. Only the spiritual dimension provides that area of freedom which allows a relationship to retain its meaningfulness, despite the possible losses or limitations at the levels of the soma or the psyche.

II. Logotherapeutic Principles in Couple Counselling

Meaning-oriented counselling is a process aimed at helping couples become value-discerning, instead of value-blind. Its goal is to enable clients "...to 'notice' meaning potentials in the future, to 'actualize' meaning potentials in the here and now, and to 're-collect' and 'honor' meaning potentials previously actualized and deposited in the past (Lantz, 1996).

Below is a summary of the stages and treatment processes and activities that have proved useful in my practice of meaning-oriented couple counselling during the terms of my residency training from September, 1997 to July, 1998.

A. The Initial Phase

Case 1: Mr. and Mrs. Smith requested marriage counselling upon being referred to our clinic by mental health services. Mr. Smith was simultaneously being seen by a counsellor at mental health services regarding symptoms of depression. This counsellor felt that the Smiths would benefit from counselling that addressed the couple's communication problems. My counselling with the couple started with expressing my appreciation for their coming to counselling and thereby demonstrating to each other that they care for each other and their commitment to their relationship. I asked the couple to help me understand their family constellation by drawing a genogram that included the names and the ages of their children, and their family or origin. Mr. and Mrs. Smith said that they were both very proud of their children, and I asked them to tell me more about them. The reports from both Mr. and Mrs. Smith indicated that they cared a lot about their children, and that they were trying to be very good parents to them. I asked the couple about their past medical history and present employment. Next, I posed a question about their future hopes. At this point Mrs. Smith broke down in tears. She shared that one of their daughters would have to undergo a long and dangerous surgical procedure in a couple of months. Both of them expressed much concern about this event. Here is where communication between the two of them and their children was threatened. Mr. Smith claimed that Mrs. Smith has kept their children too busy with other activities for them to have had the time to prepare themselves for the surgery. Mrs. Smith reported that one of their main concerns at this point was Mr. Smith's current drinking and use of drugs which made it "impossible even to try to talk to you about anything anymore." Mr. Smith said that, earlier, he did not think his drug and drinking habits were "serious enough" to enroll to a treatment program, however, he said that he realized that lately "things have gotten out of hand." The couple and myself agreed that counselling could be more effective if Mr. Smith simultaneously attended a provincially sponsored treatment program to help him break the pattern of addiction, and I provided the necessary referrals. Mr. and Mrs. Smith continued in counselling to improve their communication and to address their and their children's concerns regarding the surgery which posed a challenge to the entire family.

As it can be seen in the above example, in the diagnostic phase of treatment, I usually relied on Lukas' alternate diagnostic procedure, in that I alternated questions related to the couple's presented concerns with questions about those events and persons who appeared to be important in their lives. I noticed that this phase can already direct couples toward meanings that they have already realized and strengths in their relationship. No matter what referrals would have to be made, or what the outcome of the therapy will be, the meanings which the couple have already realized are their "merit" and can never be taken away from them.

Acknowledging the couple's current difficulties seemed equally relevant. I usually pointed out to couples that their coming to counselling is a step in the journey of their relationship, a stepping stone, as it were. The reality of them coming and talking about their concerns is something that testifies to their strength and commitment to each other in difficult times.

Sometimes emotional and physiological "blocks" have to be removed before the human spirit can fully express itself. Even when a relationship is disturbed because of one of the partner's illness, love, which is value discerning, can "see" beyond the facades that are created by or around the sickness. Love for the other person is crucial if one is to care for the other as one would care for oneself. Especially at times when meaning can be related to taking care of the person, and being there for them in a way that no one else's presence can replace.

A second important part of the initial stage is the evaluation of the depth and intensity of the existential vacuum which can prevent the couple from the noticing of meaning potentials (Lantz, 1996). Assessment methods during the initial phase can include questions, self-reports, metaphors, and observation and analysis of interactional patterns. I found that a combination of assessment and joining activities by the counsellor during the initial stage can help couples identify characteristics in each other that they can appreciate, respect, admire, and confirm, and to pinpoint hardships in their everyday life in the light of their "cornerstones" of hope--the meanings they have already realized.

Lukas (1997) emphasized that problems presented by couples should be taken seriously by the counsellor. The task of the diagnostic phase is (1) to examine if there is evidence of psychological disorders, which should be addressed first, before effective couple-counselling can take place; (2) to provide opportunities for catharsis in single sessions to both individuals as a means of understanding the difficulties couples are presenting and to build trust; (3) to understand the couple's social network-system; and (4) to explore the couple's level of motivation to see if couple counselling could be helpful. This last phase of the diagnostic stage is helpful to see if the partners are really committed to improving their relationship, or, alternatively, if one or both of them have really, already given up on the possibility of improving their relationship (Lukas, 1997).

I usually ended the initial stage by introducing basic logotherapeutic concepts and linked some of them with the couple's reported past history. One's area of freedom, responsibility, and the three dimensional nature of human existence were those phenomena which I used most frequently to enhance the realization of uniqueness, choice, self-discovery, and self-transcendence in relationships [for a detailed description of these concepts, refer to the sections on the theoretical foundations on logotherapy, as well as Figures 4, 5, 8, and 9 in the body of this dissertation].

B. The Working Phase

In the middle or working phase of logotherapy with couples, social-skills training, communications training, and network interventions can be used to re-orient couples toward meaning in their lives (Lantz, 1996).

The working stage begins with helping couples understand each other better. People who have no inner quietness; who are overwhelmed by external stimuli; people who are restless; and who think that they are always right are not able to listen to others, or they rarely understand more than just the surface meaning of words. Effective communication requires that we listen not only to the words of the other person, but to try to understand their world (Lukas, 1997).

1. Indirect intervention

a. Reflection on communication patterns.

An indirect way of helping couples re-connect in their search for meaning is through a direct and open reflection about their dysfunctional interaction patterns, which can help both partners develop awareness, insight, and a motivation to correct the patterns that they use to inhibit the search for meaning (Lantz, 1987). In the following clinical example, reported from the domain of family therapy (Lantz, 1987), the therapist openly reflects upon a structural problem between husband and wife in a family which is clouding their ability to discover meaning.

> Case 2: The mother was concerned about their son' s poor school attendance, temper outbursts, and marginal grades. After a conference with the parents, the school counsellor referred the total family for treatment, suspecting that something was wrong in the functioning of the family as a unit. The family included son Roger, 14, Jane 11, father, 45, and mother 43.

In the initial family treatment interview, Roger would act up (i.e., flick cigarette ashes on the floor), mother would tell him to stop, Roger would talk back, father would grin, and mother would become silent. Jane acted as an isolate as this was going on. This process was repeated in various forms during the first half of the interview. The therapist viewed the repetitive process as a family structural problem and decided to intervene through the use of pattern reflection during the interview. The therapist was concerned that the structural problem disrupted the family search for meaning because the parents were unable to work together to lead the family to the discovery of values and meaning (Lantz, 1997; p. 24).[93]

(Son flicking ashes on the floor.)

Mother: (meekly) Roger, stop that. That's no way to act.

Son: (angry) Get off my back.

(Silence)

Father: (silent) (with grin) (No support)

Therapist: (to wife) You know, it looks to me like you need some help right now but you are not asking your husband.

Mother: (silent but showing tears) (Tells the therapist he is on the right track)

Therapist: (softly) Do I see some tears? (Reflects on pattern)

Mother: (crying harder)

Therapist: What's it about?

Mother: Nothing.

Therapist: (gently) You afraid he won't help? (Reflects on pattern)

Mother: (nods yes)

Therapist: Let's find out for sure. Ask him for some help. (Reinforce her for wanting help)

(Silence)

Mother: (softly) Well--Will You? (looks at husband)

Husband: (to therapist) Well, I always try to be available to her when I can.

I'm gone a lot, working. (Intellectualizes)

(Silence)

Therapist: (softly) Sometimes you are far away? (Reflects on pattern)

Husband: (starts to cry) Yep, yes.

Therapist: (softly) You far away right now? (Reflects on pattern)

Husband: (shaky voice) Yes. I wish I wasn't but I am.

(Silence)

Therapist: I am sorry.

Husband: (shaky voice) I am not sure she wants me.

Therapist: When she looked at you and asked for help, you weren't sure what she meant? (Reflects on pattern)

Husband: Well, I'm not always sure.

Therapist: Ask her if she really wants you far away.

(Silence)

Husband: (to wife) Do you?

Wife: (crying softly) No.

(Long silence)

Husband: (gets up and changes chairs and holds wife's hand)

Therapist: (softly) How does this feel? (Reflects on pattern)

Wife and Husband: (both smile)

(Silence)

Therapist: It looks better to me. (Reflects on pattern)

Wife and Husband: (both laugh and then hug each other)

Lantz's (1987; pp. 24-25) example is a masterpiece of skillful counselling intervention. In my own work, I found reflection on patterns useful in helping partners increase their sensitivity to each other's concerns, needs, and desires, and to invite them to respond to each other in a more gentle and direct manner.

b. Developing effective listening skills.

Effective communication requires the skill of effective listening (Lukas, 1997). Listening is not possible if one of the partners is ego-centered, impatient, or has a favorite theme. Having a favorite theme is not coming to terms with something in one's own life, or it is brought up for the compensation of one's low self-esteem (Lukas, 1996). In either case, it burdens conversations with others and has to be dealt with by the individual, in solitude, with the help of the counsellor, or a friend.

On the other hand, listening is easier if both of the partners talk to the point and allow time for each other to respond. Taking time to listen to others, and allowing them time to express their ideas, said Lukas (1997), means that we are ready to give them our time. And time, she continued, is a precious gift.

To enhance effective communication skills, I sometimes asked couples to spend an hour together at a relatively quiet place where they mutually enjoy being. I asked them to think about something that happened to them during the past weeks that was interesting, exciting, strange, or new, that they did not share with each other, yet. I asked the couple not to think about the main problem that they presented in counselling, but of something neutral, instead. Both of them could take about eight minutes talking about this topic, during which the task of the other partner will be to listen and then to re-capture what was being said. During the next session I asked the couple to indicate to what extent they felt understood, and we generate ideas about "things which help" and "things which do not help communication."

c. Intercepting automatic response-styles.

A common problem reported by couples is the development of habitual response patterns which become automatic, and less conscious (Lukas, 1997). It can disrupt communication if it happens in response to thoughts about events in the past, or predictions about the other person's behavior or thoughts. As long as couple communication is not good about events that happen in the present, they will not be able to discuss and resolve issues from the past (Lukas, 1997). Therefore, it is important for counsellors to explain the difference between the form and content of communication. The form of one's communication has to be corrected first, before the content will change.

When couples tell counsellors about habitual response patterns, counsellors can instruct them that their conversation has to be as if they have just met. During the counselling session, the counsellor can help couples practice to respond only to what is happening, only to what is presently being asked or said (Lukas, 1997). The goal of this practice is to help couples respond to each other directly and correctly. Accusations can be avoided or handled constructively if one learns to separate a person from the person's behavior. As persons, we can take responsibility for our actions, which can be either productive or non-productive; constructive or destructive.

2. Direct Intervention

a. Meaning-oriented Question Scheme.

A question scheme was developed by Lukas (1997) to help couples effectively resolve and transcend their difficulties in the present, instead of blaming each other for difficulties in the past, which cannot be changed. I will use a case example from my practice to illustrate its sequence and applications:

Case 2: Helen and Ron Jones have been married for 35 years. They have two adult daughters who are married and do not live with them. Ron says that he is angry many times and requests "tools" to be able to deal with his anger more effectively. When I inquire about Helen's response to Ron's anger, the couple give the following example: They own two vehicles. Ron usually drives to work in his truck, Helen in her car. One weekend, Ron drives Mrs. Jones' car to town. The car breaks down that weekend. Helen is about to leave for work on Monday morning when she notices that Ron is already in the garage trying to fix her car. "What's wrong with the car?" asks Helen. "Leave me alone!" responds Ron with a "tone" in his voice. Helen walks out of the garage, hurt. She calls one of her friends and gets a ride to work. She feels hurt all day long and does not talk to Ron for the rest of the day. Ron is hurt, too. He stays in the garage and blames himself for having been angry with Helen. Helen and Ron say that such "silly little" incidents are frequent in their relationship. Ron's usual reaction to them is by "yelling, and screaming," which neither himself or Helen are happy with. Ron says that while she used to withdraw in similar situations in the past, she is making an effort to "stand up for herself" more often now. Both Mr. and Mrs. Jones report that their relationship suffered for many years because of their habitual ways of communication.

As long as Helen and Ron blame each other in stressful situations, they will fail to recognize their own areas of freedom: what *they* can do to improve their relationship, despite distressing circumstances. The communication pattern that they present was termed "burdened communication" by Lukas (1997). In "burdened communication," partners respond not to what was actually being said to them, but what they *think* was being communicated to them.

The Joneses reconstructed their original thought patterns the following way:

Helen: ("*Here we go again. Surely, my husband is not a very honest man. He drove my car on the weekend, and did not even bother to let me know what happened.*") "What happened to the car?"

Ron: ("*This time, it's not my fault. And she's still keeps blaming me for it. I'm really tired of being blamed for something all the time*"). "Leave me alone!"

Helen: ("*Well, that does it! If he wants to continue this game, he will have to do it without me!*") Leaves the garage.

Ron: ("*This is just typical of my wife!*") Stays in the garage.

Logotherapy teaches us that thoughts are preceded by attitudes (Lukas, 1997). The attitude underlying "burdened communication patterns" is deterministic. Both partners react to the way things usually happened in their past. The assumption behind such communication is: "I would respond differently, only if my partner changed his or her ways!" *Self-distancing* (Lukas, 1995) can help Helen and Ron realize that difficult life situations do not have to determine our response to them. Individually, we can still respond to situations according to the best of our knowledge and ability.

To normalize the Jones' communication before further interventions, the couple can be asked to act as if they have just met and would not know about the past tendencies, or personality characteristic of the other. Under such circumstances, they can experiment with responding only to what is actually being said to them in the present (Lukas, 1994).

Increasing the couple's understanding of their area of freedom and ability to choose their attitude toward difficult situations can be enhanced with the meaning-oriented question scheme (Lukas, 1997). The purpose of the question-scheme is to empower couples to see that in relationships one does not have to respond automatically. Although it requires considerable effort, one can change one's habitual response to negative situations. By transcending oneself one can eventually transform a negative "input" into a positive "output" and bring healing into the relationship. Healing power, as well as the capacity to destroy the relationship--both are within one's own area of freedom (Lukas, 1995). Healing through self-transcendence is possible if one is willing to look beyond the facades of past hurts, and discern meaning-potentials yet unrealized in the relationship.

Stage 1: Putting oneself in another person's shoes.

This stage is based on the logotherapeutic principle of de-reflection (Lukas, 1997). The couple is asked to describe a conflict situation in which both of them were hurt. After understanding the essential details of this situation, the counsellor briefly explains to them the nature and the purpose of the exercise. In the case of Helen and Ron, the counsellor can say something like this: "I understand that last Monday morning, when the car broke down, both of your were hurt. Sometimes, when things like that happen, it is good to see if there could be some other way in which one can respond to past hurts, a way in which, instead of inflicting more suffering on one's partner, one can bring a little bit of healing into the relationship, if one chooses to do so. What we are going to explore are the ways in which this could be done in your relationship, on the basis of your possibilities. This part of our work together will resemble a guessing-game. The first question will help us know what you think about the feelings of your partner: 'What you think was the actual element that upset your partner?' 'What was it that you said or did that hurt him, or her the most in this situation?' Now, I would like to invite both of you to take a few minutes to think about this question, and then, when you are ready, tell me your answers" (on the basis of Lukas, 1997).

a.) While both partners respond, the counsellor helps them to clarify the reasons by summarizing, questioning, and highlighting the basic elements in the answers. The counsellor also helps both partners stay focused on answering this question alone.

In the case of the wife, a fictional therapeutic conversation could look like this:

Counsellor: Helen, I would like to ask you first. What do you think was the actual element, what was it that you said or did that upset Ron the most?

Helen: Well, I think that he thought that I was blaming him already when I entered the garage. I did not say anything to him, but just asked what was wrong with the car.

Counsellor: What do you think would upset Ron about your question?

Helen: Well, I could have said something else instead, like...I don't' know...Maybe asked him what he was doing so early in the garage...

Counsellor: What do you think this second question would have communicated to him?

Helen: That I care about what he was doing...

Counsellor: So...you are saying that you think that your husband would like if you cared about him a little more....

Helen: Yes, I think so.

Counsellor: What do you think was the actual element, what was it then in what you said or did that upset your husband the most in this incident?

Helen: That I did not care about him. I was concerned about the car.

Counsellor: Is it all right then if we summarize what you think is the reason of Ron's hurt that morning by saying that you did not seem to care about him?

Helen: Yes. That is what I think.

b.) When both partners have answered this way, the counsellor asks the partners to check the accuracy of the guesses. In a fictional dialogue, the counsellor might say to the husband:

Counsellor: Ron, Helen guessed that the actual element that upset you the most was that in what she said, there was no caring about you. She said that she thinks that you were most upset by her not showing that she cared about you. She seemed to be concerned about the car. Is that correct? Did she guess correctly?

Ron: Well, yes, and no. I do not mind what she asked me, but that she does not respect me. She always blames me for things that go wrong around the house. It's always my fault. To care about me is one thing, and to respect me is another. I would like her to respect me a little more.

Counsellor: Care, and respect....How do they differ in your mind?

Ron: Well, they are not so much different, really. If she cared about me she would respect me, I guess.

Counsellor: So, you are saying then, that you would like your wife to care about you and to respect you.

Ron: Well, yes. That's exactly what I'm saying.

The counsellor then turns to Helen, and says: "Helen, Ron guessed that the actual thing which upset you the most was...." Helen responds and the counsellor helps to clarify her answer to herself and to Ron.

c.) The counsellor summarizes the clarifications and complements the couple for their insights into the dynamics of their relationship and sensitivity to each others' feelings. This confirmation ends the first stage of meaning-oriented counselling with couples.

In Lukas' (1997) and my own experience, this stage requires intense concentration on the part of the counsellor to attempt to clarify fundamental principles which the couple indicate that they would like in their present relationship; to really try to listen to the melody of clients' hearts. Most often, said Lukas (1997), the underlying requests which are initially not expressed, are to be loved, cared for, and respected.

Noteworthy about this stage of counselling is that, in line with logotherapeutic guidelines for therapy, at the end of this stage, the counsellor confirms what is "right" in this relationship rather than what is wrong. Most couples, said Lukas (1997) have very good insights into their relationship, and need only minor clarifications.

Occasionally, the therapist has to be firm not to allow a pattern of self-blame or mutual blaming to develop and to escalate. At this stage, couples are likely to mention past events and to try to give explanations of their behavior on the basis of their upbringing, assumptions, or personality characteristics. While an understanding of one's history is important, at this point, it could hinder constructive problem-solving, decision-making, and actions. The logotherapeutic principle that "we are not determined by our pasts" (Lukas, 1997) and that we can change our ways, and thus, for the sake of our love for the other person, guides this stage of counselling couples for meaning.

To discern what constructive actions can be taken in the given critical situation is the task of the second stage:

Stage 2: Thinking about one's area of freedom and possible meaning-potentials in it.

a.) "Now, Helen, and Ron," continues the counsellor, "I would like to ask you to take a few minutes to think about this: "If a similar situation arose, can you see a way in which you could reduce the suffering of your partner?" (Lukas, 1997).

As during the first stage, again, both of the Joneses respond to this question. A possible fictional dialogue with Helen could look like this:

Counsellor: Helen, you guessed very correctly that Ron would have liked if you showed that you cared about him and respected him. Do you see a way in which you could reduce his suffering if a similar situation arose?

Helen: Well, maybe if I said good morning to him that day to begin with, that might have made a difference in the whole day. You see, I am sometimes angry with him and I do not talk to

him. Sometimes I do not talk to him for a long time. Maybe, next time, I will try to be nicer to him during the day, and not carry a grudge against him from one day to the next.

Counsellor: What would that mean in terms of your relationship, Helen? What would you do differently that what you are doing now?

Helen: If I said good morning to Ron, regardless of what happened the previous day and tried to be a little nicer to him during the day, maybe that would help.

Maybe, then, he would see that I respect him. I don't know...

Counsellor: Are you saying that if you did not carry a grudge against your husband from one day to the next, that would communicate your respect to him?

Helen: Yes.

Counsellor: All right. We will see if you guessed what would indeed reduce Ron's suffering in a similar situation. Now let me turn to you Ron.
You guessed very correctly that Helen's hurt would be a little lesser if you....

When the counsellor clarified what both partners guess as a possibility for reducing each others hurt, he or she cross-checks with them, as in the case of the previous stage:

Counsellor: Ron, Helen guessed that if she did not carry a grudge against you from one day to the next, that would communicate respect to you.
With respect to a situation similar to what happened last week, if she said good morning to you each morning, regardless of what kind of day you have had the day before, that would communicate respect and caring to you.
This is what she guessed. Do you think that she guessed correctly?

Ron: Yes, that would be nice. But I am not really sure that she would really do that....

Next, the counsellor turns to Helen for a clarification of Ron's guess. During this stage the counsellor has to be careful to limit requests to one of two, that are in line with the situation that was previously discussed. Another goal during this stage is to make requests as explicit as possible. Hopefully, to specify them in terms of concrete behavioural responses.

b.) The counsellor asks both partners to indicate whether the guessed behavioral response would be really a possibility for them. Whether, in a situation similar to the mentioned critical incident, they could really try to accomplish what they said they know would reduce suffering in their relationship:

Counsellor: Helen, you mentioned that you could reduce the suffering of your husband if you did not keep a grudge against him from one day to he next. You said that instead, you could greet your husband each morning. Do you think this is really a possibility for you? Could you really try this, Helen?

When Helen responds, the counsellor turns to Ron with a similar question. Occasionally, requests have to be modified, or special provisions made so that they could be accomplished. If one of the partners says "no," to an earlier stated possibility, the counsellor helps that partner look for another response that he or she could possibly try in a similar situation.

This phase ends putting oneself into another person's shoes and brainstorming about possible alternative responses. The next stage requires self-transcendence from both partners and commitment to action.

c.) The counsellor asks the partners whether they would be willing to try what they said they will do, even if the other partner does not seem to try and does not always responds in this alternate way. For example, ask Helen if she would be willing to greet Ron in the morning even if Ron did not seem to respond to her the way she would have liked him to do, and vice versa, if Ron would be willing to respond differently to Helen, even if she did not respond any differently to him.

In my own experience, and according to Lukas (1997) most couples will say "yes," once they have reached this stage in counselling. If one of the partners says "no," the counsellor can say that even one yes represents hope for the relationship, as now both partners know what could be one way of reducing the suffering in their relationship if a similar situation arose. The partners also know what behaviors are in their areas of freedom and it is their responsibility to try their best between now an the time when they come back. The counsellor also reassures couples that "ups" and "downs" are likely to happen as they try to respond differently to each other, as habitual response patterns are not easy to change.

Stage 3: Reaffirming values in the relationship.

This stage is optional. The counsellor may ask partners to indicate how they feel about each other's decision to try to relate to each other in a way different from before (Lukas, 1997). The purpose of this stage is to reaffirm the couple's strengths.

During her workshop on *Meaning-oriented Family Therapy*, Lukas (1997) summarized the general "script" for the stages of meaning-oriented counselling with couples the following way:[94]

Step I: A couple describes a certain conflict situation, which they have gone through without solution.

Counsellor: "What do you think was the actual element that upset your partner?"

Both answer.

Counsellor: "Is it right what your partner has presupposed?"

If one or both fail to agree, they can correct the presumption.

Step II:

Counsellor: "In case a similar situation occurs again, do you see any possibility to preventing your partner from getting so upset?"

Both answer.

Counsellor: "Would this change of behaviour, which your partner mentioned, really help you in a similar critical situation?"

If one or both fail to agree, they can describe what instead would help them, but they are not allowed to make greater demands.

Step III:

Counsellor: "Are you ready to realize the possibility which you mentioned and change your behavior in a similar situation--independently of what your partner does?"

Both say "Yes" or "No."

If only one says "Yes," this can be enough to increase hope for the family.

Counsellor: "Are you happy about the readiness of your partner to change him/herself a little bit? Can you accept it as genuine?"

Table10-1: Elisabeth Lukas (1997). Handout presented at the Workshop on Meaning-oriented Family Therapy. Eleventh World Congress on Logotherapy. Dallas, Texas. Used with permission.

Other activities to help couples notice meaning potentials in the future and to recollect those of the past include existential reflection and Socratic dialogue (Lantz, 1996). Questions, interpretations, comments, and personal interests stimulate and facilitate the couples' reflection about the past, present, and future meanings, often using art, literature, meditations, and life review.

Many couples at the end of the working stage reported that they could forgive each other, without excusing actions that were wrong. They stated that they could talk to each other, not because their circumstances have changed so much as because they found their trust to be stronger than their doubts. In the light of a shared hope, they said that they felt they can face the future with confidence. Some couples mentioned that they found a balance between discussing their past, the present, and the future. They also said that when they discussed the past, they did so not with an intent to explain their actions away, but to share their feelings and experiences, to discover more about each other, and to celebrate yet another step in their journey together.

At the end of the working stage, couples usually reported that they have extended their activities to include their larger social systems, and their families. Many couples have said that they tried to be models to other couples who they knew were struggling with similar issues, or to be of help and encouragement to relatives and friends. This indicated to the counsellor that the couple had found meaning in their relationship and that they can now continue their journey of finding meaning by themselves.

C. The Ending Phase

The last stage in couple counselling evaluates and uses termination activities to help the couple and the therapist decide whether treatment has been useful, and if so, gradually say good-bye (Lantz, 1996). Couples at this stage usually share their joy with the counsellor, and this can be a time for celebration and mutual affirmation for all.

Challenges do not cease in the life of the couple, or the life of the counsellor. Their journey together was successful if they recognized challenges as invitations for opening the next chapter of the saga--The Search for Ultimate Meaning--in their lives.

Closing Remark

During my practicum experience, I found that no two couples are exactly alike. While the above report on my experiences summarizes those logotherapeutic principles that I have found useful in couple-counselling, these principles should not be conceptualized as rigid steps and stages in therapy. Rather, as "motifs" one can use to weave the "tapestry" of healthier relationships.

CHAPTER 11: RESEARCH IN LOGOTHERAPY

"As to mankind, there is one hope for survival,
only if mankind is united by a common meaning--
in other words, an awareness of a common task"
(V. E. Frankl)

Introduction

If we consider research as an endeavor to discover different aspects of our reality, and a contribution to our development, then research in logotherapy is important not only to be able to communicate with other professionals, but also to further our understanding of the ways in which logotherapeutic principles can be used in practice. It can be considered as part of the efforts in our world today to increase knowledge, to enhance our effectiveness as therapists, and the meaningfulness of our lives as human beings.

This part of the dissertation focuses on the historical developments of research in logotherapy, and those current research needs that are recognized as vital for the further development of the practice of logotherapy. Two practitioners, Guttmann (1996) and Wong (1997), have extensively studied and reviewed both history and current developments of research in the service of logotherapy. The following overview is based on their work.

While this study will provide a general overview of developments in logotherapeutic research, it is not intended to provide an exhaustive summary of all research currently available. Alternatively, those interested in particular details of studies that will be discussed in this part of the dissertation are advised to consult the cited original sources.

I. Historical Developments in Research in Logotherapy

According to Guttmann (1996), research in logotherapy can be roughly divided into three consecutive and overlapping periods: The first period can be conceptualized from the appearance of Frankl's two central books in English: *The Doctor and the Soul* (first published in 1955), and *Man's Search for Meaning* (first published in 1959), to the early '60s, during which time clinical, behaviorist, and experimental orientations in psychology aimed at scientifically verifying Frankl's theoretical constructs and concepts. Research efforts during this period of time concentrated mainly on exploring the therapeutic use of paradoxical intention, a logotherapeutic technique, introduced to readers in Frankl's books.

The second period in logotherapeutic research can be characterized as centering on the development of measurement instruments through which Frankl's concepts, such as existential vacuum, and motivation to find meaning in life, could be objectively measured both in the general-, and in client-populations (Guttmann, 1996). This period lasted from approximately the appearance of the Purpose In Life Test (Crumbaugh and Maholick, 1964) to the mid-eighties, when clinicians' attention shifted from the development of measuring instruments to the examining of the applications of logotherapy to increase clients' emotional and mental health in various fields of psychological practice.

Guttmann's (1996) review suggests that, even in the early stages of teaching logotherapy internationally, Frankl recognized the need to scientifically examine the validity of his views:

> Research in logotherapy began in earnest with the development of specifically logotherapeutic measuring tools in the 1960s. By that time Frankl's major efforts at developing logotherapy into a well-constructed theory of human motivation were sufficiently refined in his books, articles, and presentations

around the world. Yet, they lacked the necessary scientific validation. Until the new instruments appeared on the scene, and made inroads in the research and psychotherapeutic practice establishments, logotherapy was accused to of being too subjective, too anecdotal, to impressionistic. Even at the launching of *The International Forum for Logotherapy,* The *Journal of Search for Meaning,* in 1978, Frankl was eager to show the world that logotherapy has more than just a theoretical-philosophical basis, namely, that its major tenets about a will-to-meaning, the motivation to find meaning-in-life, and existential vacuum can be measured and validated through research with the most sophisticated research methods and statistical procedures. Frankl was particularly concerned that logotherapy may remain an abstract concept. He said the following to the editor of the newly established journal:

> "Why should we lose, unnecessarily and undeservedly, whole segments of the academic community, precluding them a priori from understanding how much logotherapy 'speaks to the needs of the hour.'" "Why should we give up, right from the beginning, getting a hearing from the modern researchers by considering ourselves above tests and statistics? We have no reason not to admit our need to find our discoveries supported by strictly empirical research." (Fabry, 1978-1979, p.5; cited in Guttmann, 1996; p. 174).

A. Early Studies on the Effectiveness of Therapeutic Techniques

At the time of Frankl's exhortation to use the empirical method in investigating logotherapeutic concepts, logotherapeutic research concentrated mainly on dissertations in psychology, philosophy, and theology (Guttmann, 1996). Among the studies which aimed to verify the therapeutic value of logotherapy's methods were Ascher and Efran (1978), and Ascher's (1978/1979) empirical investigation of the use of paradoxical intention with patients who suffered from insomnia and primary sleep disorders; Ascher's investigation of the effectiveness of the use of paradoxical intention in the case of agoraphobia (1984), and urinary retention (1980); Bazzi's (1979) comparison of paradoxical intention with autogenic training in the treatment of anxiety disorders; Levinson's (1979) investigation of the use of a combination of de-reflection and paradoxical intention in the treatment of suicidal, insomniac, and depressive patients; and Meshoulam's studies, conducted in the late 1960s and 1970s, on the therapeutic effects of paradoxical intention and fixed role therapy with stutterers (Meshoulam, 1982).

The general conclusion of the above mentioned studies with respect to the use of logotherapeutic techniques can be summarized in the words of Levinson (1979):

> ...The methods described here [paradoxical intention and de-reflection] are not meant to be panacea, nor are they intended as a substitute for more intensive therapy dealing with other problems in [clients'] Mr. X's life. One lesson to be drawn from this case is that symptom alleviation, through techniques, must be cautiously administered, in proportion to clients' needs. The human encounter of logotherapy must not be sacrificed to the use of facilitative techniques for symptom relief which may prematurely terminate therapy (Levinson, 1979; p. 41).

While these studies found support for the use of paradoxical intention and de-reflection in the mentioned clinical cases (Guttmann, 1996), they relied on relatively small sample sizes (i.e., Levinson, 1979) and many of them did not include experimental control groups (i.e., Levinson, 1979; and Ascher, 1980). Thus, their conclusions had to be interpreted in light of the above methodological caveats.

B. The Development of Psychometric Instruments

A total of six major psychometric instruments were developed between the years of 1969 and 1989 on the basis of Frankl's logotheory. Below is a comprehensive summary of each:

1. The Purpose in Life Test

A new era in logotherapeutic research dawned in the sixties with the appearance of Crumbaugh and Maholick's Purpose in Life test, commonly known as PIL. Constructed from the orientation of logotherapy, this attitude scale was validated, standardized and reported about in 1968 and 1969. Since its appearance, the research value of the PIL has been demonstrated in well over 200 doctoral dissertations, master's theses, and other studies. The PIL has been translated into many languages too, the last one being Chinese (Shek, 1993). A computer search of studies that reported using the PIL as one of the measuring instruments has revealed that between 1974 and 1990 a total of 160 studies were published in health, mental health, psychology, social work, and psychiatric professions' journals, and in logotherapy. Most recently the present author used the PIL as one of the instruments in a study of meaning in life and excessive behaviors among active elderly in Israel (Guttmann, & Cohen, 1993; Guttmann, 1996; p. 176).

According to Crumbaugh and Maholick (1964) and Crumbaugh and Henrion (1988) the PIL was developed to measure a person's "will to meaning" and "existential vacuum" (p. 76), two basic logotherapeutic concepts. The rationale of this test is based on Frankl's (1959; 1993) theory of neuroses: Failure to find meaning in life, according to Frankl (1959), may result in a state of emptiness and boredom, or "existential vacuum" (Crumbaugh & Maholick, 1964). This state of emptiness, if it is not relieved, can result in "existential frustration." Existential frustration may further lead to noogenic neurosis, especially in neurotically predisposed individuals, who then can benefit from meaning-oriented therapy (Crumbaugh & Maholick, 1969).

At the time of the development of this test, the senior author, James C. Crumbaugh, PhD., worked in the capacity of clinical psychologist at the Veteran's Administration Medical Center at Gulfport, Mississippi. His goal in developing the PIL test was to present an objective measure of the extent of existential vacuum in order to identify individuals who would benefit from meaning-oriented treatment (Crumbaugh, & Henrion, 1988). Earlier, Frankl (1959) assessed the prevalence of noogenic neurosis as affecting roughly one-fifth of a typical clinical caseload, and one-half of the general population in America (Crumbaugh & Maholick, 1964). He came to this estimate on the basis of a 13-item questionnaire ("Frankl Questionnaire" to estimate the presence of existential vacuum, Hutzell, 1988), of which only 6 could be quantified. During the earliest stage of the validation of their test, Crumbaugh and Maholick (1969) obtained Pearson Product Moment correlation of .68 between scores derived from the original "Frankl Questionnaire," and the PIL scores in a group of 136 patients and non-patients.

The PIL consists of three parts (Crumabugh, & Maholick, 1969): Part A is a 20-item psychometric scale that evokes questions about the degree to which one experiences meaning in life and asks for their scoring on a 7-point Likert scale. Part B is a 13-item incomplete sentences test. Part C allows respondents to write a paragraph detailing aims, ambitions, goals in life, and progress bring made in achieving these. Objective scoring of Parts B and C has not been established. Therefore, only Part A, which is objectively scored, is used for research purposes.

The PIL can be presented in individual or group settings (Crumbaugh, & Maholick, 1969). The instructions are printed on the answer sheet. For Part A, the examiner's participation in the testing process, scoring, and interpretation of the scores is minimal (Hutzell, 1988). Most individuals complete the PIL in 10 to 15 minutes. Part B and C require more time to complete, and need professional interpretation by a clinical psychologist, who has training in Viktor Frankl's logotherapy (Crumbaugh, & Maholick, 1969).

The manual notes that the PIL should be employed with caution in any competitive situation where motivation to present a favourable self-image exists (Crumabugh, & Maholick, 1969). Therefore, the test administrator should have some

CANADIAN THESES UNGAR, MARIA ISBN 0-612-39601-0
VIKTOR E. FRANKL'S NQ-39601
THESES CANADIENNES MEANING-ORIENTED APPROACH TO ... 4 of 4

skill at defusing natural tendencies toward competition or social responding (Hutzell, 1988).

Scoring Part A consists of summing the numerical values circled for the 20 items. The obtained scores can range from 20 to 140. The manual suggests using the mean of "normals" (112) and of patients (92) as cutoff scores; based on the 1,152 cases, on whose scores Crumbaugh (1964) has cross-validated this instrument. According to the authors (Crumbaugh, & Maholick, 1969), scores above 112 suggests the presence of definite purpose and meaning in life. Raw scores below 92 suggest lack of clear meaning. The range between the scores 92 to 112 is defined as "uncertain" (Crumbaugh, & Maholick, 1964).

In research, Hutzell (1988) recommended the use of PIL raw scores for correlational and outcome studies. In both cases, higher raw scores suggest a stronger sense of life meaning.

With respect to the technical aspects of the PIL, the *Manual of Instructions* report the results of the studies that were conducted by Crumbaugh and Maholick (1969) to establish the reliability and the validity of the test. Additional reviews of the psychometric characteristics of the PIL test have indicated that "...split-half reliability estimates and test-retest reliability estimates appeared adequate for a short, paper-and-pencil, self-report scale and suggested hat the PIL offers consistency for its intended use" (Hutzell, 1988; p. 92).

Hutzell (1988) noted that validity assessments with the PIL have been cumbersome because "...there is no direct criterion for quantitative experiences of life meaning against which to validate" (p. 93). In the original validation study, the instrument was able to distinguish rather well among four groups of "normal" populations, such as successful business or professional personnel; active and leading Protestant parishioners; college undergraduates; and indigent, nonpsychiatric hospital patients (Crumbaugh & Maholick, 1964). The prediction of the order of means of psychiatric populations was less accurate. However, the PIL did differentiate between neurotics, alcoholics, and nonschizophrenic psychotics in the predicted direction, namely that their scores dropped in that order (Crumbaugh & Maholick, 1969). Similar results were reported in other studies aimed at cross-validating the PIL with other populations (i.e., Black, & Gregson, 1975; Garfield, 1973).

Crumbaugh and Maholick (1969) correlated the PIL with other known instruments in the psychological literature which measure variables such as values, anomie, social desirability, personality factors, social intelligence, and empathy, as well as demographic variables for sex, age, and education. They found no consistent relationships between the PIL scores and the above three variables. On the basis of their findings, these researchers concluded the analysis of the relationship of the PIL to other variables with the following statement:

> It should be noted that all of the relationships to the PIL scores presently reported involve personality traits rather than psychiatric syndromes or psychodiagnostic categories. (A possible exception is the MMPI Depression scale, which represents both a symptom and a syndrome.) This fact, plus the obtained high relationship between the PIL and Frankl's questionnaire, and the PIL's highly significant separation of patient and nonpatient populations, suggests that the PIL does measure, as intended, a new factor (existential vacuum) which is the essential ingredient of a new neurosis (noogenic neurosis) (*Manual of Instructions*, 1969, 1981).

The authors of the PIL listed two major functions for their instrument: (1) to detect the presence of existential vacuum in a given population, such as alcoholics, depressed patients, retirees, and to select patients for logotherapeutic treatment; and (2) as a research tool, for measuring the degree to which an individual has developed a sense of meaning in life. Subsequently, among its many applications, the PIL was used to show that it is a useful tool for measuring not only existential vacuum but also the effects of therapy with alcoholics who participated in logotherapy versus those who did not (Crumbaugh, & Carr, 1979; Hutzell, 1984; Henrion, 1987).

However, according to Guttmann (1996), of the above mentioned two functions, the PIL has been less successful in the first task than expected:

> The scientific literature provides less than sufficient evidence for the PIL's power to select the appropriate patients for logotherapeutic intervention. On the other hand, as a research tool, the PIL has been employed in a wide variety of settings. Yalom (1980), for example, has maintained that for more than 20 years the PIL has been the "only game in town." Although this may sound today as an exaggeration, we must keep in mind that 20 years ago, there were no other logotherapeutic research instruments available which could sufficiently compete with the PIL in measuring Franklian concepts. In their absence, the PIL has been used with remarkable results (Guttmann, 1996; p. 179).

In his thorough review of the PIL test, Hutzell (1988) noted that, while the PIL is a potentially relevant predictor of the degree to which meaning is experienced,

> ...It must be remembered that the PIL was developed out of Frankl's logo philosophy, which suggests that life meaning is experienced by actualizing personally meaningful, self-transcendent values. As this philosophy is consonant with Western philosophy and middle-class thought, divergent cultural and subcultural groups may find life-meaning in contexts not addressed by the PIL or may interpret the PIL items differently from the bulk of the samples studied to date. Middle-class America and populations with similar values include large number of individuals for whom the PIL is a potentially relevant predictor of the degree to which meaning is experienced, but for groups that depart from middle-class American values, the generalization of the PIL must be questioned and specific validity studies are warranted (Hutzell, 1988; pp. 99-100).

2. The Seeking of Noetic Goals Test

The Seeking of Noetic Goals Test (SONG) is an attitude scale that was developed in 1977 by Crumbaugh as a complementary scale to the Purpose in Life Test. While the PIL measures the degree to which one has found meaning and purpose in life, the SONG, purportedly, can be used to assess the level of one's motivation to find life meaning (Crumbaugh, 1977).

Crumbaugh (1977) reported that the combined use of the PIL and SONG tests have proved useful in determining the success of logotherapeutic intervention. For example, if one scores high on the PIL and low on the SONG, this means that he or she already has a satisfactory level of meaning and lacks motivation to find more. Such clients, according to Crumbaugh (1977), would not benefit from meaning-oriented therapy as much as clients who score low on the PIL and high on the SONG. The latter combination of scores would indicate that, presently, these individuals have a lack of a sense of meaning in their lives, and are highly motivated to find it. Therefore, they would be tractable in meaning-oriented therapy (Crumbaugh, 1977).

Similarly to Part A of the PIL test, the SONG is a paper-and-pencil test containing 20 items (Crumbaugh, 1988). Its administration is simple, requiring little time. Clients are required to read the instructions on the test form and circle their responses to the questions on a 7-point Likert scale (Crumbaugh, 1977). According to the author of the SONG, the printed instructions are adequate for adults and adolescents, as well as for grade school students whose reading is fluent (Crumbaugh, 1977). However, Crumbaugh (1977) and, more recently, Guttmann (1996), have noted that, data at present are not available to determine how far down into the grades the scale is applicable in terms of reflecting motivation to find life meaning.

Scoring of the SONG test requires the arithmetic addition of the twenty circled numbers, the range of possible scores being from 20 to 140 (Crumabugh, 1977). The normative cutting score is 79, halfway between the means of 73 for "normal" and 85 for clinical populations. The standard deviations for the two populations are also reported in the manual of instructions (Crumbaugh, 1977).

Crumbaugh (1977) determined the reliability of the SONG by the odd-even method and reported the resultant Pearson product-moment relationship to be .71, Spearman-Brown corrected to .83. He validated the SONG by comparing the pre-and post-therapy PIL and SONG scores of alcoholic clients in two treatment programs, one including a logotherapeutic component. He reported that the PIL-SONG combinations, in the sampled population, changed in the predicted directions (Crumabugh, 1977).

In addition to an apparent need to conduct further studies to investigate the validity of the SONG test, Crumbaugh (1988) warned the users of both the PIL and the SONG tests, that they are subject to motivational distortion, especially in competitive situations, as well as other sources of error variance, that can increase the possibility of unreliable individual scores. Therefore, Crumbaugh (1988) cautioned that neither the PIL, nor the SONG test should be ever used alone in making important decisions about individual cases.

3. The Life Purpose Questionnaire

The Life Purpose Questionnaire (LPQ), was introduced by Dr. Robert R. Hutzell (Jerkins, & Hutzell, 1989), a clinical psychologist at the Veterans Administration Medical Center, Knoxville, Iowa. The purpose of the LPQ is to measure the same concept as Crumbaugh and Maholick's (1969) Purpose in Life Test. However, it was constructed with the intent to include less complicated questions than the PIL test. Thus, to be amenable to be administered to a wider range of client populations than the PIL test (Hutzell, 1989).

In constructing the LPQ, Hutzell (1989) relied on geriatric populations in selecting 20 items from an initial pool of 52 statements. All of the initial statements were intended to measure the degree of life meaning experienced by an individual (Hutzell, 1988). The criteria for item selection included (1) greatest test-retest reliability; (2) most even distribution of agreements versus disagreements; (3) highest positive correlation with PIL item scores; and (4) highest positive correlation with PIL total scores (Jerkins, & Hutzell, 1989).

During the initial validation process, data extracted from the original 52 questions showed that the number of elderly individuals who could respond to the printed LPQ was 46 percent greater than the number of those who could respond to items on the PIL test. Furthermore, a correlation of .62 existed between the scores on the LPQ and the PIL test total scores one week later after the first administration. According to Hutzell (1988), these results indicated that the LPQ is a potentially good measure of one's sense of direction, meaning, and purpose in life.

In its present form, respondents on the LPQ are asked to answer twenty questions "...as honestly as you can, with the answer that fits you best right now--Agree or Disagree" (Hutzell, & Jerkins, 1989). Each answer in a predicted direction is worth one points. Respondents can score their own questionnaires with the help of instructions on the test form and interpret their results with guidance from competent therapists (Hutzell, & Jerkins, 1989).

During the construction of the LPQ, Hutzell (1989) determined which of the items should be scored by an agree or disagree. Then they administered the questionnaire to geriatric neuropsychiatric inpatients and interpreted the results of 0 to 11 points as having "no sense of meaning;" 12 to 16 points as "uncertain;" and 17 to 20, as having "a definite sense of life meaning" (Jerkins, & Hutzell, 1989). Hutzell (1989) reported that in the process of developing this scale, he found that these scores changed somewhat for younger alcoholic inpatients. Subsequently, for younger client populations, Hutzell and

Peterson (1986) designated the score-range of 0 to 9 as indicating having "no sense of life meaning;" 10 to 16, as "uncertain;" and 17 to 20, as having a " definite sense of meaning in life." In both studies, the researchers emphasized the relevance of establishing separate norms when using the LPQ with other groups (Hutzell, & Peterson, 1986; Hutzell, 1989).

Guttmann (1996) reviewed the statistical properties of the LPQ, as presented by its author, and as found in later studies that were conducted with the use of this instrument (i.e., Kisch, & Moody, 1989; Majer, 1992; and Wadsworth, 1992). He comments were the following:

> The presently available data offer initial support for the reliability and validity for this instrument. Hutzell (1986) has recognized that his LPQ needs further psychometric development before it can be used to make individualized predictions about hospice care patients, for example. In its present form, the LPQ can serve as a starting point for dying patients experiencing despair. Especially needed are studies of external validation that should shed additional light on whether the LPQ is able to measure the quality it is intended to measure (Guttmann, 1996; pp. 192-193).

4. Minnesota Multiphasic Personality Inventory--Existential Vacuum Scale

The Existential Vacuum Scale (EVS; Hutzell & Peterson, 1985) is based on an earlier research by Crumbaugh and Maholick (1964) exploring the relationship between the MMPI subscale scores and clients' total scores on the PIL test. These researchers reported a .30 correlation (Pearson Product-Moment correlation, N=45 outpatient neurotics) between the D (Depression) Scale of the MMPI and the PIL (Crumbaugh, & Maholick, 1964).

On the basis of the above results, Hutzell and Peterson (1985) selected 60 Depression scale items of the MMPI, and by using t tests, identified 23 statistically significant items for further analysis. Subsequently, they identified those items which changed in the direction of changes in one's sense of life meaning, and validated these items with a group of alcoholic clients who participated in meaning-oriented therapy (Hutzell, & Peterson, 1985).

Thirteen items were retained in this process that met the criteria set up by the researchers (Hutzell, & Peterson, 1985). Reportedly, the final step in the item selection was to assure that the relationship between the individual MMPI items and the PIL scores would generalize to additional populations (Hutzell, & Peterson, 1985). For this purpose, the data from a group of students enrolled in an introductory psychology course were correlated with the MMPI and PIL scores of the alcoholic group. This procedure yielded 11 items that met all the criteria for final inclusion in the EVS (Hutzell, & Peterson, 1985). Each item was then scored either with an F (false) or with a T (true). The test's developers denoted the range of high scores on the MMPI-EVS (6 to 11) as indicative of the presence of existential vacuum; low scores (0 to 1) as indicative of the absence of existential vacuum; and the middle range of scores (2 to 5) as "uncertain" (Hutzell, & Peterson, 1985).

Guttmann (1996) reported that cross-validation and reliability studies on the EVS Scale indicated that it is a reliable and valid instrument, "...potentially appropriate for screening various groups of people for the existence of existential vacuum" (p. 187). In addition, according to Crumbaugh (1989), the correlations between the PIL, or the LPQ and the EVS scale, the high internal consistency, and the cross validation data all support the usefulness of the EVS scale.

Nevertheless, Hutzell and Peterson (1985), Crumbaugh (1989), as well as Guttmann (1996), emphasized the importance of additional validation research needed to include different populations from the original "male, alcoholic, inpatient" sample (Guttmann, 1996; p. 187). For example, "...neuropsychiatric inpatients with principal diagnoses of organic psychoses, functional psychoses, or major affective disorders, and particularly females" (Guttmann, 1996; p. 187).

According to its developers, the MMPI-EVS scale's main advantage over the PIL test is that it is embedded in the MMPI test and, therefore, it may prove less subject to distortion than the PIL when employed in competitive situations (Hutzell, & Peterson, 1985), primarily, "...because the intent of the scale will not be obvious" (Crumbaugh, 1973, p. 100). However, the scarcity of those studies that have utilized the EVS scale over the PIL (Guttmann, 1996) appears to illuminate a drawback with respect to the fact that the EVS is tied to the MMPI: Clinicians who do not incorporate personality testing with the MMPI will probably prefer to use the PIL, instead of the EVS, as the former has already earned a good reputation for measuring Frankl's concept of existential vacuum (Guttmann, 1996; p. 189).

5. The Logo Test

The Logo Test was developed in 1971 by Dr. Elizabeth Lukas, Frankl's student, as part of her Doctoral Dissertation, which she completed at the University of Vienna, under the mentorship of Dr. Giselher Guttman. A report on its technical aspects, construction, validation, and administration were first published in 1972 in Frankl's book *Der Wille zum Sinn* (The Will to Meaning). According to Guttmann (1996), since its publication, the Logo test has earned international reputation as the best currently available instrument for measuring "inner meaning fulfillment," "existential frustration," and "noological illness" (p. 180).

Lukas' (1972) construction of the Logo Test was inspired by Frankl's logotheory. Its rationale was summarized by Guttmann (1996) as follows:

> Inner meaning fulfillment develops when the person perceives his actions as being worthwhile and appropriate with the meaning of the moment. Lukas (1987) claims that health comes through meaning, and logotherapy provides us with a

> view of human nature that helps us retain and regain our health. Meaning cannot be arbitrarily chosen. People cannot be driven to, nor conditioned to find meaning. In line with Franklian logophilosophy, personal gains are not, and should not, be the goals of our pursuit of meaning. Rather, they are by-products of the search for meaning. This search for meaning and the will to find meaning are universal. People everywhere have a quest for meaning. It is present in the healthy and the sick (Lukas, 1981), in people with varying ethnic and cultural characteristics (Preble, 1986), even in societies with different sociopolitical systems (Guttmann, 1994; Stecker, 1981). The lack of inner meaning fulfillment is evident even in the presence of existential vacuum. Starck (1981), and Long (1987) have found existential vacuum present among the disabled, Addad (1987) among the incarcerated, and Frankl (1978) among college students. Inner meaning fulfillment is based on one's sense of responsibility. Belief in one's ability to rise up to the demands of the moment, those subjective responses to the objective meaning of the moment, to the demands of our 'response-ability' in the logotherapeutic sense, is tied to physical and emotional well-being, whereas helplessness is associated with morbidity and mortality (Seeman & Seeman, 1983) (Guttmann, 1996; p. 182).

The Logo Test consists of three parts (Lukas, in Frankl, 1972). Part 1 measures the degree to which a person has attained a sense of inner meaning fulfillment, or lacks it. This part contains 9 statements. The statements center around one of the following sources of inner meaning fulfillment (in the same order): overall well-being, self-actualization, family life, occupational life, service to others, occupational involvement, interests, experiences, and overcoming distress. Respondents may answer "yes" or "no" to any of these questions. Each "yes" answer is scored 0 points; each "no" answer 2 points; and each unanswered question 1 point. Higher point values denote lesser degree of perceived inner meaning fulfillment.

Part 2 consists of seven statements to which respondents are asked to reply. These statements measure one's perceived degree of existential frustration, and one's reactions to it at the time of the testing (Lukas, in Frankl, 1972). Each of the statements focus on one intra-psychic phenomenon, such as aggression, regression, overcompensation, flight reaction, coming to grips with a situation, neurosis, and depression. One's response to these questions, according to Lukas (1981b), is particularly indicative of existential frustration. For each of the statements, respondents are asked to choose among three response alternatives which best represents their honest feelings: "never," "once in a while," and "often." Each "often" answer receives 2 points; each "once in a while" 1 point; and each "never" 0 points. The exception is in the case of question five (which has to do with coming to grips with a situation) where "never" receives 2 points, "once in a while 1 point;" and "often" 0 points.

Part 3 of the test depicts three life situations involving persons of the same sex. The situations have to do with making a successful career; courage in suffering, and balancing more enjoyable with less enjoyable tasks. Respondents are asked to decide dilemmas such as: "Which man or woman is the happiest?" and "Which man or woman suffers the most? (Lukas, in Frankl, 1972; p. 264). Scoring of this part is similar to scoring of Parts 1 and 2, in that each of the responses are worth 0, 1, or 2 points. In the second part of Part 3, respondents are asked to describe their own situation (their own "case;" Lukas, in Frankl, 1972; p. 264). The responses are scored with respect to the presence or absence of two values in their responses: "meaning" (scored 1 to 4 points); and "attitudes" (scored 1 to 3 points). The scoring of this Part is elaborated in the manual of the Logo Test (Lukas, in Frankl, 1972).

In subsequent validation of the Logo Test, Lukas (1981b, 1985b) found that a higher frequency of existential frustration and noological illness was associated with "patients" of the Psychiatric-Neurological University Clinic in Vienna, Austria, than with "non-patients." She found that 30% of the patients compared with 12% of the nonpatients, and 15% of the total sample (N=340) had Logo Test scores of 21 points or higher, indicating the presence of noological illness and existential frustration. Lukas (1985b) also found significant correlations (p = .001) within three clusters of variables. These were summarized by Guttmann in 1996:

> 1. Objective high meaning orientation; few indications of frustrations, subjective high meaning orientation, and good general psychohygiene.
>
> 2. Low general psychohygiene, tendency to noetic depression, tendency to noogenic neurosis, many indications of frustration, and objective low meaning-orientation.
>
> 3. Positive attitude toward suffering or success, objective high meaning-orientation, good general psychohygiene, and high psychological ability to adapt (Guttmann, 1996; p.181).

The Logotest was translated from the German, the original language of its development and publication by Lukas (1972), and validated for clinical use in the English language by Dr. Jana Preble in 1985. Guttmann (1996) reported that, aside from its translation into the English language, the Logo Test appeared in fourteen countries other than the United States, and was translated and standardized in eleven languages. This researcher has also noted that, unfortunately, because of the language barrier, the difficulty with such studies is the unavailability of the translation and validation results for cross-cultural comparisons (Guttmann, 1996). Therefore he urged the potential translators and users of the Logo Test:

> ...to pay serious attention to the question of culturally relevant and sound translations of the instrument and to be alert of new areas of potential inner meaning fulfillment that may be incorporated into the Logotest, making it the most appropriate measuring tool in the logotherapeutic research (Guttmann, 1996; p. 185).

6. The Meaning In Suffering Test

The Meaning In Suffering Test (MIST) was developed by Dr. Patricia Starck (1983), professor and Dean of the School of Nursing at the University of Texas Health

Science Center at Houston. It was constructed with the intent of measuring the extent to which one finds meaning in unavoidable suffering (Starck, 1983).

The rationale behind this test is the assumption that in medicine and in psychology, it is not enough to treat the symptoms of suffering, "...one has to address the meaning of suffering to be able to utilize the inner strength of the sufferer in the healing process" (Starck, 1983; p. 110). Subsequently, the developer of this test hypothesized that (1) patients' beliefs about suffering affects their coping ability and their adaptation; (2) suffering can provide opportunities through which one can come to a greater appreciation of life; (3) meaning in suffering is found by the sufferer; and that (4) the nursing role includes assisting sufferers in coping (Starck, 1983; p. 112).

During the pilot study of the MIST, Starck (1983) relied on data obtained from 99 patients, between the ages of 26 to 86 years, with various diagnoses of emotional and physical disorders. In general, the results of her study showed that suffering was perceived to be most meaningful by patients who were undergoing surgery, and perceived to be least meaningful by patients with psychiatric problems (Starck, 1983). Cancer patients, on average, appeared to be more optimistic than other patients (Starck, 1983). Patients with breathing problems, on average, perceived themselves as suffering more than other patients (Starck, 1983).

The MIST's administration requires 30 minutes (Starck, 1983). The test is divided into two parts and three subscales. Part 1 asks respondents to state their position on 20 statements which are scored from 1 ("never") to 7 ("constantly") on a seven point Likert scale. Scoring of Part 1 is done by adding up all the points and dividing the total score by 20 to obtain the mean score. Part 2 contains an additional 17 statements which require respondents to select responses from a list of choices. The results of Part 2 are interpreted on the basis of comparing the results against normative frequency distributions (Starck, 1983).

Starck (1983) recommended the use of Part 1 for clinical and research purposes, and Part 2 for discerning those individual characteristics of patients which might be helpful in establishing interpersonal contact with them with regards to unavoidable suffering. She organized Part 1 of the MIST along three subscales to establish its construct validity. Three subscales of Part 1 measure (1) the subjective characteristics of suffering; (2) personal response to suffering; and (3) meaning in suffering, respectively.

Reportedly, construct validity was obtained by reviews of the scale from leading experts in logotherapy, including Prof. Dr. Frankl, Dr. Fabry, and Dr. Crumbaugh (Starck, 1983). Starck (1983) reported split-half reliabilities for Part 1 of the MIST with both nursing students, and hospitalized patients, who were mentally clear, to be in the .80 range.

According to Guttmann (1996; p. 189), on the basis of its psychometric properties, the MIST can be considered "...a promising tool in the assessment of finding meaning in suffering". However, he cautioned that it's clinical significance is still to be documented with follow-up studies and further validation studies using various client populations.

C. Recent Developments in Research on Logotherapy

Since the late eighties and early nineties, research in logotherapy can be characterized by a resurgence of the qualitative research method. As we have seen, scientific investigations before this time relied mostly on "...systematic investigations that included descriptive or inferential statistical analyses, such as surveys, and numerical comparisons" (Guttmann, 1996; p. 198) related to examining the use of logotherapy in specific areas of practice and test construction. The use of qualitative research method refers to systematic investigations that include "...inductive, in-depth, nonquantitative studies of individuals and groups" (Guttmann, 1996; p. 198).

Among the studies that illustrate more recent uses of the quantitative method to verify the concepts and the use of logotherapy are, for example, studies on establishing normative data for the use of the Life Purpose Questionnaire with adolescent populations (Hutzell, & Finck, 1994); the development and standardization of the Life Attitude Profile-Revised (LAP-R), a 48 item, 7 point measure of meaning and purpose in life and the search for meaning (Reker, 1994); statistical comparison of the scores of drug addicts with the PIL and Logo Test scores obtained from the general population in Spain to verify Frankl's notion that the mass neurotic triad (depression, addiction, and aggression) is related to existential frustration (De La Flor, 1997); and an experimental investigation of meaning in life and adjustment amongst mid-life patients in Hong Kong (Shek, 1994).

The principles of the qualitative method were used in studies of interest to counselling psychologists, such as in articles on "Conversations with Terminally Ill Patients" (Abrami, 1997); "Logotherapeutic Transcendental Crisis Intervention" (Long, 1997); "Stages and Treatment Activities in Family Logotherapy" (Lantz, 1995); "Experiences with Logotherapy: Nursing the Elderly" (Stefanics, 1996); "Uses of Hypnosis in Logotherapy" (Hutzell, & Lantz, 1994); "Logotherapy: A Journey Into Meaning For People with AIDS" (Giovinco, & McDougald, 1994); "When an Offspring Dies: Logotherapy in Bereavement Groups" (Berti & Schneider-Berti, 1994); "A Case History in Existential Analysis Psychotherapy" (Langle, 1990); "Meaning for the Developmentally Handicapped" (Hingsburger, 1990); "Logotherapy and the Vietnam Veteran" (Lantz, 1990); "Meaning in Drug Treatment" (Olive, 1990); "Meaning and the Older, Unemployed Worker" (Rife, 1990); "Addiction Recovery: Transcending the Existential Root of Pain" (Haines, 1997); "Finding Meaning in Unavoidable Suffering" (Barnes, 1993); "Franklian Treatment with Traumatized Families" (Lantz, & Lantz, 1994), and "The Element of Surprise in the Logotherapeutic Treatment of Adolescents" (Welter, 1994).

II. Future Research Needs in Logotherapy

Dr. Paul Wong, Professor and Chairman of the Graduate Psychology at Trinity Western University in Langley, British Columbia, organized a round-table meeting of researchers in logotherapy at the Eleventh World Congress on Logotherapy. This meeting was held in Dallas, Texas, in July of 1997. Participants of the round-table discussion included scholars such as Dr. Robert Barnes (President of the International Board of Directors of the Viktor Frankl Institute), Dr. James Crumbaugh, Dr. Patricia Starck, Dr. Robert Hutzell, Dr. Doris Coward, Dr. Ingeborg Van Pelt, Dr. Janus Fraillon, and others who have contributed to the development of research in logotherapy, both nationally, and internationally.

Evident in the design of studies in logotherapy, stated the participants of this meeting, is a continued need for (1) applying the scientific method by using control groups as the standards for comparison, ("group of subjects who are matched in every possible respect with an experimental group, except that they are not exposed to the variable being tested" Barker, 1987; p. 33, cited in Guttmann, 1996; p. 199; Hutzell, 1997; Crumbaugh, 1997); (2) using larger sample sizes (Hutzell, 1997); and (3) using longitudinal studies instead of cross-sectional studies to gain information about developmental changes in participants' responses over longer periods of time (Fraillon, 1997; Wong, 1997).

The participants of this meeting agreed that (1) comparative studies, including (a) the evaluation of the effectiveness of logotherapeutic treatment interventions with alternative treatment modalities (Fraillon, 1997; Coward, 1997; Starck, 1997; Wong, 1997); (b) comparing the effectiveness of logotherapy cross-culturally (Fraillon, 1997; Wong, 1997), (c) developmentally (Starck, 1997; Van Pelt, 1997; Wong, 1997), and (d) across various areas of logotherapeutic practice (Wong, 1997); and (2) verificational studies, validating logotherapy's concepts such as "self-transcendence" (Van Pelt, 1997), the "defiant power of the human spirit" (Van Pelt, 1997) and "meaning-seeking" (Wong,

1997) are two major areas where the scarcity of current research warrants further development.

The researchers recognized the continued need to understand the universal and personal nature of meaning-seeking in people's lives (Wong, 1997). Along the same lines, they highlighted the need to continue to derive meaning-oriented counselling strategies and principles that would address the needs of diverse client populations (such as children, adolescents, psychiatric patients, cross-cultural clients, etc.), and to devise meaningful treatment plans, that could be implemented in clinical and counselling practice, along with currently existing treatment modalities.

Conclusion

The invitation for the Eleventh World Congress on Logotherapy reads the following summary of Viktor Frankl's profound therapy and theory of personality:

> Viktor E. Frankl, MD, PhD, professor of psychiatry and neurology at the University of Vienna, survived the Nazi prison camps during the Holocaust. It was there that the Nazis have murdered his pregnant wife, along with Frankl's mother, father, and brother. Having developed logotherapy (a meaning-oriented approach to counselling and psychotherapy) before his incarceration, Frankl validated his theory through 3 years of the worst suffering known to humankind.
>
> From the death camps, Frankl emerged with this proclamation: everything can be taken away from us--our loved ones, our material possessions, our health--everything, except our freedom to decide how we will respond to the circumstances of our life. In his books [such as "Man's Search for Meaning; and "The Doctor and the Soul"], Frankl insisted that we are master, not victims, of our fate.
>
> Known as the Third Viennese School of Psychotherapy--after Freud's psychoanalysis and Adler's individual psychology--logotherapy views our existence as three

dimensional. It is the only major theory in psychology that recognizes the dimension of the human spirit as a major resource in the healing process (Program Summary, 1997).

In our rapidly changing world, many people long for direction by seeking companionship, consolation, or comfort, and for knowledgeable and understanding therapists, who have both expertise and wisdom to accompany them on their journey of healing and growth. Logotherapy offers a refreshing alternative to nihilism and despair by advocating that the search for meaning is a very unique, yet universal human quest.

The purpose of the present study was to present the contribution of Viktor E. Frankl's meaning-oriented approach to counselling psychology. I believe that this writing meets the above goal by bringing to the reader a thorough account of the theoretical foundations and practical applications of meaning-oriented therapy. Furthermore, by highlighting implications for future research on the applications of logotherapy in counselling practice.

Throughout the writing of this dissertation, I strived to stay true to the teachings of Viktor E. Frankl and to communicate the principles of logotherapy accurately. In this respect, I am grateful to my teachers, mentors, and to my clients, who have shared with me their wisdom and inspired me to continue my personal and professional development.

Viktor E. Frankl, whose books have touched the lives of millions around the world, invites us "...to find meaning in our lives by helping others find meaning in theirs." In accord with his legacy, I hope that this study provides fruitful ground for practitioners who, like myself, wish to take up the thread of logotherapy to apply it in their philosophy of counselling, practice, and research.

FOOTNOTES

1. Figure 2 is from "*Der Mensch vor der Frage nach dem Sinn*" ("Facing the Question of Meaning," 8th ed.; p. 24) by V. E. Frankl, 1996, Munchen: Piper. Copyright 1996 by Piper Verlag, Munchen. Used with permission.

2. Figure 3 is from "*Der Mensch vor der Frage nach dem Sinn*" ("Facing the Question of Meaning," 8th ed.; p. 25) by V. E. Frankl, 1996, Munchen: Piper. Copyright 1996 by Piper Verlag, Munchen. Used with permission.

3. Figure 4 is from "Logotherapy's consideration of the dignity and uniqueness of the human being." *Unpublished Manuscript*, written on the basis of a workshop held by Lukas, (p. 10), by R. C. Barnes, 1995, Hardin-Simmons University, Abilene, Texas. Copyright 1995 by The Viktor Frankl Institute of Logotherapy. Used with permission.

4. Figure 6 is from the "Noetic and psychic dimensions in clinical practice and research" by J. Stanich, 1995, *The International Forum for Logotherapy*, *18*(*2*), p. 97. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

5. *Note*. Frankl's Ten Theses on the Person appear in his book "*Der Wille zum Sinn*" (The Will to Meaning;" 1972), Hans Huber Verlag. Pages 108 to 118 were reviewed and translated by myself. They appear in a paraphrased and abbreviated form in the text of this dissertation.

6. Figure 7 is from "*The Pursuit of Meaning*" (p. 28) by J. B. Fabry, 1994, Abilene, TX: Institute of Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

7. Note. The case example is from "Finding meaning in unavoidable suffering," by R. C. Barnes, 1993, *Journal des Viktor Frankl Instituts*, An International Journal of Logotherapy and Existential Analysis, *1*(*2*), p. 20-21. Copyright 1993 by the Viktor Frankl Institute in Vienna. Used with permission.

8. Figure 8 is from "Psychological ministry," *Unpublished Manuscript*, translated from the original ("Psychologische Vorsorge") by Weltrand Schulte (P. 160), written by E. Lukas, 1995. Used with permission from Dr. Lukas.

9. Figure 9 is from "Psychologische Vorsorge" (Psychological Ministry: p. 67), by E. Lukas, 1989, Freiburg: Herder. Copyright 1989 is currently held by Dr. Elisabeth Lukas. Used with permission.

10. Figure 10 is from "Psychologische Vorsorge" (Psychological Ministry: p. 68), by E. Lukas, PhD, 1989, Freiburg: Herder. Copyright 1989 is currently held by Dr. Elisabeth Lukas. Used with permission.

11. Figure 11 is from "Psychologische Vorsorge" (Psychological Ministry: p. 142), by E. Lukas, 1989, Freiburg: Herder. Copyright 1989 is currently held by Dr. Elisabeth Lukas. Used with permission.

12. Figure 12 is from "Logotherapy and the human spirit," by R. C. Barnes, 1995, Unpublished Manuscript, written on the basis of a workshop by Lukas, (p. 21). Copyright 1995 by The Viktor Frankl Institute of Logotherapy. Used with permission.

13. Figure 13 is from "Psychological ministry," Unpublished Manuscript, translated from the original ("Psychologische Vorsorge") by Weltrand Schulte (P. 164), written by E. Lukas, PhD, 1995. Used with permission from Dr. Lukas.

14. Note. The quotation is paraphrased from "The Unconscious God" (pp. 43-44), by Viktor E. Frankl, MD, PhD, 1975, New York, NY: Simon & Schuster.

15. Figure 14 is from the "Noetic and psychic dimensions in clinical practice and research" by J. Stanich, 1995, The International Forum for Logotherapy, 18(2), p. 98. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

16. Figure 15 is from "Psychotherapy and Existentialism" (p. 45), by Viktor E. Frankl, 1967, New York, NY: Washington Square Press/Pocket Books. Copyright 1967 is held by Simon & Schuster, New York, NY. Used with permission.

17. Note. The review of the six assumptions of logotherapy is from "Viktor Frankl's Logotherapy," (pp. 8-11), by R. C. Barnes, 1995d, Unpublished Manuscript, Hardin-Simmons University, Abilene, Texas. Copyright 1995 by The Viktor Frankl Institute of Logotherapy. Used with permission.

18. Figure 16 is from "Psychotherapie in Wurde" (Psychology with Dignity; p. 22), by E. Lukas, 1994, Munchen, Quintessenz. Copyright 1994 is held by Psychologie Verlags Union. Used with permission.

18. Figure 16 is from "Psychotherapie in Wurde" (Psychology with Dignity; p. 22), by E. Lukas, 1994, Munchen, Quintessenz. Copyright 1994 is held by Psychologie Verlags Union. Used with permission.

19. Figure 18 is from "Logotherapy's consideration of the dignity and uniqueness of the human person," by R. C. Barnes, 1995, Unpublished Manuscript, written on the basis of a workshop held by Lukas, (p. 30). Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

20. Note: The explanation of Figure 18 is from "Logotherapy's consideration of the dignity and uniqueness of the human person," by R. C. Barnes, based on a workshop by Lukas, 1995, Unpublished Manuscript, pp. 30-31. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

21. Figure 19 is from "Logotherapy and the human spirit," by R. C. Barnes, based on a workshop by Lukas, 1995, Unpublished Manuscript, p. 23. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

22. Figure 20 is from "Psychological Ministry," (p. 15), by E. Lukas, 1995, Unpublished Manuscript, translated from the original ("Psychologische Vorsorge") by Weltrand Schulte. Used with permission from Dr. Lukas.

23. Figure 21 is from "Psychological Ministry," (p. 16), by E. Lukas, 1995, Unpublished Manuscript, translated from the original ("Psychologische Vorsorge") by Weltrand Schulte. Used with permission from Dr. Lukas.

24. Figure 22 is from "Psychological Ministry," (p. 14), by E. Lukas, 1995, Unpublished Manuscript, translated from the original ("Psychologische Vorsorge") by Weltrand Schulte. Used with permission from Dr. Lukas.

25. Note. The quotation is from "Conversations with terminally ill patients," by L. M. Abrami, 1997, The International Forum for Logotherapy, 20(2), pp. 81-82. Copyright 1997 by the Viktor Frankl Institute of Logotherapy. Used with permission.

26. Figure 23 is from "Psychotherapy and Existentialism" (p. 40), by V. E. Frankl, 1967, New York, NY: Pocket Books. Copyright 1967 by Simon & Schuster. Used with permission.

27. Note. The quotation is from "Psychotherapy and Existentialism" (p. 40), by V. E. Frankl, 1967, New York, NY: Washington Square Press/Pocket Books. Copyright 1967 by Simon & Schuster. Used with permission.

28. The case example is from "The Pursuit of Meaning" (p. 55), by J. B. Fabry, 1994, Abilene, TX: Viktor Frankl Institute for Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

29. The case example is from "The Pursuit of Meaning" (pp. 58-59), by J. B. Fabry, 1994, Abilene, TX: Viktor Frankl Institute for Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

30. The case example is from "The Pursuit of Meaning" (p. 60), by J. B. Fabry, 1994, Abilene, TX: Viktor Frankl Institute for Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

31. Figure 24 is from "The Pursuit of Meaning" (p. 56), by J. B. Fabry, 1994, Abilene, TX: Viktor Frankl Institute for Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

32. Figure 25 is from "The Pursuit of Meaning" (p. 57), by J. B. Fabry, 1994, Abilene, TX: Viktor Frankl Institute for Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

33. Note. The summary of the five areas in which meanings can be found are from "Viktor Frankl's Logotherapy," by R. C. Barnes, 1995, Unpublished Manuscript, pp. 16-18. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

34. Figure 26 is from "Logotherapy and the human spirit," by R. C. Barnes, 1995, Unpublished Manuscript, based on a workshop by Lukas, citing Viktor E. Frankl, p. 26. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

35. Note. The explanation of Figure 26 is from "Logotherapy and the human spirit," by R. C. Barnes, 1995, Unpublished Manuscript, based on a workshop by Lukas, pp. 26-27. Copyright 1995 by the Viktor Frankl Institute of Logotherapy. Used with permission.

36. Note. The explanation of the value-triad is from "Meaning in Suffering," (pp. 138-139), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Vikor Frankl Institute of Logotherapy. Used with permission.

37. Figure 27 is from "A four-step model of logotherapy," by M. Ungar, 1997, The International Forum for Logotherapy, 20(2), p. 114. Copyright 1997 by the Viktor Frankl Institute of Logotherapy. Used with permission.

38. Case 1 is from "Psychotherapy and Existentialism" (p. 38), by V. E. Frankl, 1967, New York, NY: Washington Square Press/Pocket Books. Copyright 1967 by Simon & Schuster. Used with permission.

39: Case 2 is from "Meaning in Suffering" (p. 147), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by The Viktor Frankl Institute of Logotherapy. Used with permission.

40: Case 3 is from "The quest for meaning in the Twenty-first Century," by J. L., Jr., Long, 1997, The International Forum for Logotherapy, 18(1), p. 62. Copyright 1997 by the Viktor Frankl Institute of Logotherapy. Used with permission.

41. Case 1 is from "Man's Search for Meaning" (pp. 181-183), by V. E. Frankl, 1963, New York, NY: Pocket Books. Copyright 1963 by Beacon Press. Used with permission.

42. Case 2 is from "Psychotherapy and Existentialism" (pp. 106-107), by V. E. Frankl, 1967, New York, NY: Washington Square Press/Pocket Books. Copyright 1967 by Simon & Schuster. Used with permission.

43. Case 3 is from "Finding meaning in unavoidable suffering," by R. C. Barnes (citing May, 1984), 1993, Journal des Viktor Frankl Instituts, 1(2), p. 17. Copyright 1993 by the Viktor Frankl Institute, Vienna. Used with permission.

44. Case 1 is from "Meaning in Suffering" (p. 71), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

45. Case 2 is from "Meaning in Suffering" (pp. 56-57), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

46. Case 3 is from "Meaning in Suffering" (pp. 72-74), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

47. Figure 28 is from "Meaning in Suffering" (p. 65), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

48. Case 1 is from "Meaning in Suffering" (pp. 98-99), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

49. Case 2 is from "Meaning in Suffering" (p. 20), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

50. Case 3 is from "The Pursuit of Meaning" (p. 50), by J. B. Fabry, 1994, Abilene, TX: Institute of Logotherapy Press. Copyright 1994 by The Viktor Frankl Institute for Logotherapy. Used with permission.

51. The case is from "Meaning in Suffering" (pp. 26-27), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

52. The case is from "The Pursuit of Meaning" (p. 48), by J. B. Fabry, 1994, Abilene, TX: Institute of Logotherapy Press. Copyright 1994 by The Viktor Frankl Institute for Logotherapy. Used with permission.

53. The case is from "Meaning in Suffering" (p. 138), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

54. Figure 29 is from "Meaning in Suffering" (p. 77), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press (citing K. Popielski, "Shift in capacities according to age," The University of Lublin). Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

55. Figure 30 is from "Theorie und Therapie der Neurosen" (7th ed.; p. 45), by V. E. Frankl, 1993, Munchen: Reinhardt. Copyright 1993 by Reinhardt Verlag. Translated by M. Ungar. Used with permission.

56. Figure 31 is from "Theorie und Therapie der Neurosen" (7th ed.; p. 47), by V. E. Frankl, 1993, Munchen: Reinhardt. Copyright 1993 by Reinhardt Verlag. Translated by M. Ungar. Used with permission.

57. Case 1 paraphrased from Lukas' (1996) workshop on "Logotherapy in Crisis-prevention," November, 1996, held at the OISE/UT, Toronto, Ontario.

58. Case 2 paraphrased from Lukas' (1996) workshop on "Logotherapy in Crisis-prevention," November, 1996, held at the OISE/UT, Toronto, Ontario.

59. Case is from "Meaning in Suffering" (p. 38), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

60. Case is from "Meaning in Suffering" (p. 39), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

61. Case is from "Meaning in Suffering" (p. 40), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy Press. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

62. Figure 32 is from "Meaning in Suffering" (p. 41), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

63. Figure 33 is from "Meaning in Suffering" (p. 42), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

64. Figure 34 is from "Hohenpsychologie" (p. 122), by E. Lukas, 1983, Freiburg: Herder/Spektrum. Copyright 1983 by E. Lukas. Used with permission.

65. Figure 35 is from "The Unheard Cry for Meaning" (p. 130), by V. E. Frankl, 1984b, New York, NY: Simon & Schuster. Copyright 1984 by Simon & Schuster. Used with permission.

66. Figure 36 is from "The Unheard Cry for Meaning" (p. 132), by V. E. Frankl, 1984b, New York, NY: Simon & Schuster. Copyright 1984 by Simon & Schuster. Used with permission.

67. Figure 37 is from "Psychotherapie fur den Alltag" (General Psychotherapy; p. 16), by V. E. Frankl, 1992, Freiburg: Herder. Copyright 1992 by Meinard Lukas, PhD. Used with permission.

68. Figure 39 is from "The Unheard Cry for Meaning" (p. 172), by V. E. Frankl, 1984b, New York, NY: Simon & Schuster. Copyright 1984 by Simon & Schuster. Used with permission.

69. Case is from "Frankl's case of Elfriede G.," by R. C. Leslie, 1994, The International Forum for Logotherapy, 17(2), p. 118. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

70. Case is from "Logotherapy for the Helping Professional: Meaningful Social Work" (p. 78; citing Frankl, 1962), by D. Guttmann, 1996, New York, NY: Springer. Copyright 1996 by Springer. Used with permission.

71. Case example is from "Meaning in Suffering" (pp. 46-47), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

72. Case is from "Logotherapy for the Helping Professional: Meaningful Social Work" (p. 101; citing Frankl, 1962), by D. Guttmann, 1996, New York, NY: Springer. Copyright 1996 by Springer. Used with permission.

73. Case is from "The Pursuit of Meaning" (p. 142; citing Frankl, 1962), by J. B. Fabry, 1994, Abilene, TX: Institute of Logotherapy Press. Copyright 1994 by the Viktor Frankl Institute of Logotherapy. Used with permission.

74. Case is from "Logotherapy for the Helping Professional: Meaningful Social Work" (p. 101), by D. Guttmann, 1996, New York, NY: Springer. Copyright 1996 by Springer. Used with permission.

75. Case is from "Logotherapy for the Helping Professional: Meaningful Social Work" (p. 122), by D. Guttmann, 1996, New York, NY: Springer. Copyright 1996 by Springer. Used with permission.

76. Case is from "Meaning in Suffering" (p. 50), by E. Lukas, 1986, Berkeley, CA: Institute of Logotherapy. Copyright 1986 by the Viktor Frankl Institute of Logotherapy. Used with permission.

77. Case is from "Modification of attitudes," by E. Lukas, 1980, The International Forum for Logotherapy, Nr. 3, p. 7. Copyright 1980 by the Viktor Frankl Institute of Logotherapy. Used with permission.

78. Case example is from "Guideposts to Meaning" (pp. 25-27), by J. B. Fabry, 1988, Berkeley, CA: Institute of Logotherapy Press. Copyright 1988 by the Viktor Frankl Institute of Logotherapy. Used with permission.

79. Case is from "Humanistic Psychosomatic Medicine" (pp. 98-100), by H. Takashima, 1990, Berkeley, CA: The Institute of Logotherapy Press. Copyright 1990 by the Viktor Frankl Institute of Logotherapy. Used with permission.

80. Case is from "The Unheard Cry for Meaning" (pp. 121-124), by V. E. Frankl, 1984, New York, NY: Washington Square Press. Copyright 1984 by Simon & Schuster. Used with permission.

81. The case is paraphrased from "Psychological Ministry" (p. 44), by E. Lukas, 1995, Unpublished Manuscript.

82. Case is from "Logotherapy and the person of the therapist," by J. E. Lantz, 1986, The International Forum for Logotherapy, 9(1), p. 30. Copyright 1986 by the Viktor Frankl Institute for Logotherapy. Used with permission.

83. The "principles of the therapist-client relationship in logotherapy" are explained on the basis of ""Logotherapy and the person of the therapist," by J. E. Lantz, 1986, The International Forum for Logotherapy, 9(1), pp. 31-32. Copyright 1986 by the Viktor Frankl Institute for Logotherapy. Used with permission.

84. The case example is from "The 'ideal' logotherapist–three contradictions," by E. Lukas, 1979, The International Forum for Logotherapy, 2(2), p. 3. Copyright 1979 by The Viktor Frankl Institute of Logotherapy. Used with permission.

85. The case example is from "The 'ideal' logotherapist--three contradictions," by E. Lukas, 1979, The International Forum for Logotherapy, 2(2), p. 3. Copyright 1979 by The Viktor Frankl Institute of Logotherapy. Used with permission.

86. The case is from "Case histories," by V. E. Frankl (1979), The International Forum for Logotherapy, 2(2), pp. 39-40. Copyright by the Viktor Frankl Institute of Logotherapy. Used with permission.

87. The case is from "Case histories," by V. E. Frankl (1979), The International Forum for Logotherapy, 2(2), pp. 39-40. Copyright by the Viktor Frankl Institute of Logotherapy. Used with permission.

88. The narrative is from "Case histories," by V. E. Frankl (1979), The International Forum for Logotherapy, 2(2), pp. 39-40. Copyright by the Viktor Frankl Institute of Logotherapy. Used with permission.

89. The case is from "The 'ideal' logotherapist--three contradictions," by E. Lukas, 1979, The International Forum for Logotherapy, 2(2), p. 4. Copyright 1979 by The Viktor Frankl Institute of Logotherapy. Used with permission.

90. The case is from "Reflections, meanings, and dreams," By J. E. Lantz, 1997, The International Form for Logotherapy, 20(2), pp. 95-98. Copyright 1997 by the Viktor Frankl Institute of Logotherapy. Used with permission.

91. The case is from "Reflections, meanings, and dreams," By J. E. Lantz, 1997, The International Form for Logotherapy, 20(2), pp. 102-103. Copyright 1997 by the Viktor Frankl Institute of Logotherapy. Used with permission.

92. From "Man's Search for Meaning" (pp. 57-61), by V. E. Frankl, 1963, New York, NY: Pocket Books. Copyright 1963 by Beacon Press. Used with permission.

93. Case example is from "Franklian family therapy," by J. E. Lantz, 1987, The International Forum for Logotherapy, 10(1), pp. 24-24. Copyright 1987 by the Viktor Frankl Institute of Logotherapy. Used with permission.

94. Table was presented at the "Workshop on Meaning-oriented Family Therapy" during the Eleventh World Congress on Logotherapy, by E. Lukas, August, 1997. Used with permission from Dr. Lukas.

REFERENCES

Abrami, L. M. (1997). Conversations with terminally ill patients. The International Forum for Logotherapy, 20(2), 80-84.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, D.C: Author.

Ansbacher, R. (1980). Kinship with Adlerian psychology. The International Forum for Logotherapy, Nr. 3, 7.

Asher, L. M. (1978-1979). Paradoxical intention: a review of preliminary research. The International Forum for Logotherapy, Nr. 1, 18-21.

Asher, L. M. (1980). Paradoxical intention viewed by a behavior therapist. The International Forum for Logotherapy, Nr. 3, 13-16.

Atlas, A. A. (1984). Logotherapy and the Book of Job. The International Forum for Logotherapy, 7(1), 29-33.

Bakal, J. R. (1994). Health psychology. San Francisco, CA: Harper & Row.

Barnes, R. C. (1993). Finding meaning in unavoidable suffering. Journal des Viktor Frankl Instituts. An International Journal of Logotherapy and Existential Analysis. 1(2), 14-21.

Barnes, R. C. (1994). Theories in counselling. Unpublished Lecture Notes. Department of Counseling and Human Development, Hardin-Simmons University, Abilene, TX.

Barnes, R. C. (1995). Logotherapy and the human spirit. Unpublished Manuscript. Hardin-Simmons University, Abilene, Texas.

Barnes, R. C. (1995b). Alfred Adler's Individual Psychology. Unpublished Manuscript. Department of Counselling and Human Development, Hardin-Simmons University, Abilene, TX.

Barnes, R. (1995c). Logotherapy's consideration of the dignity and the uniqueness of the human being. Unpublished Manuscript. Hardin-Simmons University, Abilene, TX.

Barnes, R. C. (1995d). Viktor Frankl's Logotherapy. Unpublished Manuscript. Department of Counseling and Human Development, Hardin-Simmons University, Abilene, TX.

Barnes, R. C. (1995e). Psychopathology and Counselling Psychology. Lecture Notes. Department of Counseling and Human Development, Hardin-Simmons University, Abilene, TX.

Bazzi. T. (1979). Paradoxical intention and autogenic training. The International Forum for Logotherapy, 2(2), 35-37.

Berti, G., & Schneider-Berti, A. (1994). When an offspring dies: Logotherapy in bereavement groups. The International Forum for Logotherapy, 17(2), 65-68.

Black, W. A. M., & Gregson, R. A. M. (1975). Time perspective, purpose in life, extroversion, and neuroticism in New Zealand prisoners. British Journal of Social and Clinical Psychology, 12, 50-60.

Bulka, R. P. (1984). Logotherapy as an answer to burnout. The International Forum for Logotherapy, 7(1), 8-17.

Coward, D. (1997). Round Table Discussion at the XIth World Congress on Logotherapy. Unpublished Congress Notes. Dallas, Texas, July, 1997.

Crumbaugh, J. C. (1977). Seeking of Noetic Goals Test. Manual of Interactions. Munster, Indiana: Psychometric Affiliates.

Crumbaugh, J. C. (1986). Logotherapy revisited as love therapy. The International Forum for Logotherapy, 19(1), 9-14.

Crumbaugh, J. C. (1988). Everything to gain: A guide to self-fulfillment through logoanalysis. Berkeley: Institute of Logotherapy Press.

Crumbaugh, J. C. (1997). Round Table Discussion at the XIth World Congress on Logotherapy. Unpublished Congress Notes. Dallas, Texas, July, 1997.

Crumbaugh, J. C., & Carr, R. R. (1979). Treatment of alcoholics with logotherapy. The International Journal of Addictions, 14, 847-853.

Crumbaugh, J. C., & Henrion, R. (1988). PIL test: administration, interpretation, uses--theory and critique. The International Forum for Logotherapy, 11(2), 76-88.

Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism. The Journal of Clinical Psychology, XX(2), 200-207.

Crumbaugh, J. C., & Maholick, L. T. (1969). Manual of instructions for the Purpose In Life Test. Murfreesboro, TN: Psychometric Affiliates.

Crumbaugh, J. C., Wood, W. M., & Wood, C. W. (1980). Logotherapy: New help for problem drinkers. Chicago: Nelson-Hall.

Ellis. J. (1997). Interpretive inquiry as a "formal research process." Unpublished Manuscript. Department of Elementary Education. The University of Alberta, Edmonton, AB.

Ellis, J. (1997b). Introduction. The teacher as interpretive inquirer. Unpublished Manuscript. Department of Elementary Education. The University of Alberta, Edmonton, AB.

Ernzen, F. I. (1990). Frankl's mountain range exercise. The International Forum for Logotherapy,13(2), 133-134.

Estes, K. (1997). Logotherapy in counsellor education: Important but neglected. The International Forum for Logotherapy, 20(1), 20-27.

Fabry, J. (1988). Guideposts to meaning. Berkeley, CA: Institute of Logotherapy Press.

Fabry, J. (1994). The pursuit of meaning. (New revised ed.). Abilene, Texas: Institute of Logotherapy Press.

Fabry, J. (1996). What's not in Frankl's books. The International Forum for Logotherapy, 19(1), 1-8.

Fabry, J., Bulka, R. P., & Sahakian, W. S. (1980). Logotherapy in action. New York: Jason Aronson.

Fabry, J. & Lukas, E. (1995). Auf den Spuren des Logos--Briefwechsel mit Viktor E. Frankl. (From the Traces of Logos--Correspondence with Viktor E. Frankl). Munchen: Quintessenz.

Fraillon, J. M. G. (1997). Unpublished Congress Notes from the Round Table Discussion at the XIth World Congress on Logotherapy. Dallas, Texas, July, 1997.

Frankl, V. E. (1952). The pleasure principle and sexual neurosis. The International Journal of Sexology, 5, 128-130.

Frankl, V. E. (1959). From death camp to Existentialism. Boston: Beacon Hill.

Frankl, V. E. (1962). Man's search for meaning. An introduction to logotherapy. A revised and enlarged edition of From Death Camp to Existentialism (preface by Gordon Allport). New York, NY: A Touchstone Book.

Frankl, V. E. (1963). Man's search for meaning: An introduction to logotherapy. (Original title: From Death Camp to Existentialism). New York, NY: Pocket Books.

Frankl, V. E. (1965). Artzliche Seelsorge. (Medical Ministry; 7th Ed.), Vienna: Deuticke.

Frankl, V. E. (1965b). Man's search for meaning. NY: Washington Square Press.

Frankl, V. E. (1967). Psychotherapy and Existentialism. Selected papers on logotherapy. New York, NY: Washington Square Press/Pocket Books.

Frankl, V. E. (1969). The will to meaning. New York, NY: New American Library.

Frankl, V. E. (1972). Der Wille zum Sinn. (The Will to Meaning). Bern: Hans Huber Verlag.

Frankl, V. E. (1975). Anthropologische Grundlagen der Psychotherapie. (The Anthropological Foundations of Psychotherapy). Bern: Hans Huber Verlag.

Frankl, V. E. (1975b). The unconscious God. Psychotherapy and Theology. NY: Simon & Schuster.

Frankl, V. E. (1979). Case histories: endogenous depression/noogenic neurosis/comments by Viktor E. Frankl. The International Forum for Logotherapy, 2(2), 38-40.

Frankl, V. E. (1981). Die Sinnfrage in der Psychotherapie. (The Question of Meaning in Psychotherapy). Munchen: Piper.

Frankl, V. E. (1984). Man's search for meaning. Revised and enlarged Ed., New York, NY: Washington Square Press.

Frankl, V. E. (1984b). The unheard cry for meaning. Psychotherapy and Humanism. New York, NY: Washington Square Press/Pocket Books.

Frankl, V. E. (1986). The doctor and the soul. New York, NY: Vintage Books.

Frankl, V. E. (1991). Psychotherapie in Der Praxis (Psychotherapy in Practice; 2nd ed.). Munchen: Piper GmBH & Co.

Frankl, V. E. (1992). Psychotherapie vur der Alltag. (General Psychotherapy; 4th ed.). Freiburg: Herder/Spektrum.

Frankl, V. E. (1993). Theorie und Therapie der Neurosen. (Theory and Therapy of Neuroses; 7th ed.). Munchen: Reinhardt.

Frankl, V. E. (1994). Logotherapie und Existenzanalyse. Texte Auch Sechs Jahrzenten. (Logotherapy and Existential Analysis. Texts From Six Decades). Munchen: Quintessenz.

Frankl, V. E. (1995). Was Nicht in Meinem Buchern Steht--Lebenserinnerungen. (What is not in my books--memoirs; 2nd ed.). Munchen: Quintessenz.

Frankl, V. E. (1996). Zeiten der Entscheidung. (Times of Deciding). Freiburg: Herder/Spektrum.

Frankl, V. E. (1996b). Der Mensch vor der Frage nach dem Sinn. (Facing the Question of Meaning; 8th ed.). Munchen: Piper.

Frankl, V. E. (1997). Recollections--an autobiography. New York: Insight Books.

Frankl, V. E., & Kreutzer, F. (1994). Im Anfang War der Sinn. (In The Beginning Was Meaning). Munchen: Piper.

Gadamer, H. -G. (1989). Truth and method. (Second Revised ed.). New York, NY: Crossroad.

Garfield, C. A. (1973). A psychometric and clinical investigation of Frankl's concept of existential vacuum and of anomia. Psychiatry, 36, 396-408.

Giovinco, G., & McDougald, J. (1994). Logotherapy: A journey into meaning for people with AIDS. The International Forum for Logotherapy, 17(2), 76-81.

Gray, L. E. (1994). Introduction to Philosophy. New York: Harper & Row.

Guttmann, D. (1996). Logotherapy for the helping professional. Meaningful Social Work. New York, NY: Springer Publishing Co.

Hague, W. J. (1995). Evolving spirituality. Department of Educational Psychology, The University of Alberta, Edmonton, AB.

Haines, P. E. (1997). Addiction recovery: Transcending the existential root of relapse. The International Forum of Logotherapy, 20(1), 34-75.

Heines, K. -D. (1997). Experiences with logotherapy and existential analysis in a hospital for psychiatry, psychotherapy, and neurology. The International Forum for Logotherapy, 20(1), 4-10.

Henrion, R. (1987). Making logotherapy a reality in treating alcoholics. The International Forum for Logotherapy, 10, 112-117.

Hingsberger, D. (1990). Meaning for the developmentally handicapped. The International Forum for Logotherapy, 13(2), 107-111.

Hutzell, R. R. (1984). Logoanalysis for alcoholics. The International Forum for Logotherapy, 7(1), 40-45.

Hutzell, R. R. (1988). Review of the PIL test. The International Forum for Logotherapy, 11(2), 89-101.

Hutzell, R. R. (1989). The Life Purpose Questionnaire. The International Forum for Logotherapy, 12(2), 84-97.

Hutzell, R. R. (1997). Round Table Discussion at the XIth World Congress on Logotherapy. Unpublished Congress Notes. Dallas, Texas, July, 1997.

Hutzell, R. R. , & Finck, W. C. (1994). Adapting the Life Purpose Questionnaire for use with adolescent populations. The International Forum for Logotherapy, 17(1), 42-46.

Hutzell, R. R., & Jerkins, M. A. (1989). A Workbook to Increase Your Meaningful and Purposeful Goals (MPGs). (Revised ed.). Viktor Frankl Institute of Logotherapy Press.

Hutzell, R. R., & Lantz, J. E. (1994). Uses of hypnosis in logotherapy. The International Forum for Logotherapy, 17(2), 87-92.

Hutzell, R. R., & Peterson, T. J. (1985). An MMPI Existential Vacuum Scale. The International Forum for Logotherapy, 8, 97-100.

Hutzell, R. R., & Peterson, T. J. (1986). The use of the Life Purpose Questionnaire with alcoholic population. The International Journal of Addictions, 21, 51-57.

Hooper, R. I., Walling, M. K., & Joslyn, W. D. (1997). Panic attacks with agoraphobia: a case history. The International Forum for Logotherapy, 19(2), 95-99.

Jackson, A. P., & Patton, M. J. (1991). A heremeneutical approach to the study of values in counselling. Counselling and Values, 36, 493-496.

Jahresbericht (1997). Annual Report of the German Institute of Logotherapy. South German Institute of Logotherapy, Furstenfeldbruck, Germany.

Kalmar, S. S. (1995). Viktor Frankl speaks of his life. The International Forum for Logotherapy, 18(1), 37-44.

Khatami, M. (1987). Logotherapy for chronic pain. The International Forum for Logotherapy, 11, 67-75.

Khatami, M. (1995). Existential therapy for chronic pain. The International Forum for Logotherapy, 18(1), 13-18.

Khatami, M. (1996). Logochart. Workbook for Meaningful Living. Saratoga, CA: The Institute of Logotherapy Press.

Kisch, G. B., & Moody, D. R. (1989). Psychopathology and life purpose. The International Forum for Logotherapy, 12, 40-45.

Kubler-Ross, E. (1980). Behut Dich Gott. (May God Keep You). In the International Forum of Logotherapy, Nr. 3, 48-49.

Langle, A. (1990). A case history in existential analysis psychotherapy. The International Forum for Logotherapy, 13(2), 101-106.

Lantz, J. (1974). Existential treatment and the Vietnam veteran family. Ohio Department of Mental Health Yearly Report, pp. 33-36. Columbus, Ohio: Department of Mental Health.

Lantz, J. (1978). Family and Marital Therapy. New York: Appleton-Century Crofts.

Lantz, J. E. (1982). Meaning in family therapy. The International Forum for Logotherapy, 5(1), 44-46.

Lantz, J. E. (1982b). De-reflection in family therapy with schizophrenic patients. The International Forum for Logotherapy, 5(2), 119-122.

Lantz, J. E. (1986). Logotherapy and the person of the therapist. The International Forum for Logotherapy, 9(1), 29-32.

Lantz, J. E. (1987). Franklian family therapy. The International Forum for Logotherapy, 10(1), 22-28.

Lantz, J. (1993). Existential Family Therapy: Using the Concepts of Viktor Frankl. Northwale: Jason Aronson.

Lantz, J. (1995). Frankl's concept of time: existential psychotherapy with couples and families. Journal of Contemporary Psychotherapy, 25, 135-144.

Lantz, J. (1996). Stages and Treatment Activities in Family Logotherapy. The International Forum for Logotherapy, 19, 20-22.

Lantz, J. E. (1997). Reflections, meanings, and dreams. The International Forum for Logotherapy, 20(2), 95-103.

Lantz, J., & Greenlee, R. (1990). Logotherapy and the Vietnam Veteran. The International Forum for Logotherapy, 13(2), 115-118.

Lantz, J., & Lantz, J. (1994). Franklian treatment with traumatized families. The International Forum for Logotherapy, 17(1), 14-19.

Leslie, R. C. (1994). Frankl's case of Elfriede G. The International Forum for Logotherapy, 17(2), 114-120.

Leslie, R. (1997). Viktor Frankl: Recollections--An autobiography. The International Forum for Logotherapy, 20(1), 1-3.

Levinson, J. I. (1979). Paradoxical intention and dereflection. The International Forum for Logotherapy, 2(2), 40-42.

Long, J. L., Jr. (1995). The quest for meaning in the Twenty-first Century. The International Forum for Logotherapy, 18(1), 60-62.

Long, J. L., Jr. (1997). Logotherapeutic transcendental crisis intervention. The International Forum for Logotherapy, 20(2), 104-112.

Lukas, E. (1972). Zur Validierung der Logotherapie. (Validating Logotherapy), in V. E. Frankl (Ed.). Der Wille zum Sinn (The Will to Meaning). Bern: Hans Huber Verlag.

Lukas, E. (1979). The "ideal" logotherapist--three contradictions. The International Forum for Logotherapy, 2(2), 3-7.

Lukas, E. (1980). Modification of attitudes. The International Forum for Logotherapy, Nr. 3, 25-34.

Lukas, E. (1981). New ways for dereflection. The International Forum for Logotherapy, Nr. 4, 13-28.

Lukas, E. (1981b). Validation of logotherapy. The International Forum for Logotherapy, 4, 116-125.

Lukas, E. (1983). Hohenpsychologie. (Height-psychology). Freiburg im Breisgau: Herder.

Lukas, E. (1984). Meaningful living. NY: Grove Press.

Lukas, E. (1984b). Human dignity and psychotherapy. The International Forum for Logotherapy, 7(2), 67-84.

Lukas, E. (1985). Hohenpsychologie. (Height-psychology). Freiburg: Herder/Spektrum.

Lukas, E. (1985b). The meaning of logotherapy for clinical psychology. The International Forum for Logotherapy, 8, 7-10.

Lukas, E. (1986). Meaning in suffering. Comfort in crisis through logotherapy. Berkeley, CA: Institute of Logotherapy Press.

Lukas, E. (1986b). Von Der Trotzmacht Des Geistes. (The Defiant Power of the Human Spirit). Freiburg: Herder.

Lukas, E. (1987). Gesinnung und Gesundheit. (Meaning and Health). Freiburg: Herder.

Lukas, E. S. (1989). Psychologische Vorsorge. (Psychological Ministry.) Freiburg: Herder Verlag.

Lukas, E. (1990). Overcoming the tragic triad. The International Forum for Logotherapy, 13(2), 89-96.

Lukas, E. (1994). Psychotherapie in Wurde: Sinnorientierte Lebenshilfe nach Viktor E. Frankl. (Psychotherapy with Dignity. Viktor E. Frankl's Meaning-oriented Approach). Munchen: Quintessenz.

Lukas, E. (1995). Psychological ministry. Unpublished Manuscript. Translated from the original (Psychologische Vorsorge) by Weltrand Schulte.

Lukas, E. (1995b). What's special about logotherapy? A presentation of its holistic elements with case studies. Paper read at the Xth World Congress on Logotherapy, Dallas, Texas, July, 1995.

Lukas, E. (1996). Logotherapy in Crisis-prevention. Unpublished Workshop Notes. Workshop held at The OISE\UT, Toronto, Ontario, November, 1996.

Lukas, E. (1997). Meaning-oriented therapy. Unpublished Workshop Notes. Workshop held at the Eleventh World Congress on Logotherapy, Dallas, Texas, July, 1997.

Majer, J. M, (1992). Assessing the logotherapeutic value of 12-step therapy. The International Forum for Logotherapy, 15, 86-89.

Maslow, A. H. (1966). Comments on Frankl's paper. Journal of Humanistic Psychology, 6, 107-112.

Massey, R. F. (1987). Frankl in the context of personality theorists. The International Forum for Logotherapy, 10(2), 67-84.

Massey, R. F. (1989). The critique of logotherapy as a theory of personality. The International Forum for Logotherapy, 12(2), 54-67.

Merriam Webster Dictionary (1994). New Edition. Merriam-Webster, Inc. Massachusetts, U.S.A.

Meshoulam, F. (1976). Modifying attitudes and adjustment through social work training in an agency serving the visually handicapped. New Outlook for The Blind, 70, 72-77.

Nyiri, J. K., & Lendvai, L. F. (1992). 2nd Ed. A filozofia rovid tortenete. (The Brief History of Philosophy). Budapest, Hungary: Kossuth Press.

Noblejas-De La Flor, A. M. (1997). Meaning levels and drug abuse therapy: An empirical study. The International Forum for Logotherapy, 20(1), 46-52.

Olive, K. W. (1990). Meaning in drug treatment. The International Forum for Logotherapy, 13(2), 131-132.

Pacciola, A. (1993). The unconscious in religiosity, spirituality, and morality. Journal des Viktor Frankl Instituts. An International Journal for Logotherapy and Existential Analysis. 1(2), 89-96.

Preble, J. M. (1986). The Logo Test: Norming Extensions. Doctoral Dissertation. The University of Nevada, Reno, Nevada.

Program Summary for the Eleventh World Congress on Logotherapy (1997): "Viktor Frankl's Logotherapy: Search for Meaning, Dignity, and Spirituality in Psychotherapy." Edited by Robert C. Barnes, PhD., on behalf of the Viktor Frankl Institute of Logotherapy. Dallas, Texas.

Reker, G. T. (1994). Logotheory and logotherapy: Challenges, opportunities, and some empirical findings. The International Forum for Logotherapy, 17(1), 47-55.

Rife, J. C. (1990). Meaning and the older unemployed worker. The International Forum for Logotherapy, 13(2), 119-124.

Ringman, C., & Brown, C. (1981). Hermeneutics and the social sciences: an evaluation of the function of hermeneutics in a consumer disability study. Journal of Sociology and Social Welfare, 18(3), 57-73.

Shek, D. T. (1993). Meaning in life and adjustment amongst midlife patients in Hong Kong. The International Forum for Logotherapy, 17(2), 102-106.

Smith, D. G. (1991). Hermeneutic inquiry: The hermeneutic imagination and the pedagogic text. In: E. C. Short (Ed.), Forms of Curriculum Inquiry (pp. 187-210). Albany: SUNY Press.

Smith, J. K. (1993). After the Demise of Empiricism: The Problem of Judging Social and Empirical Inquiry. Norwood, NJ: Ablex Publishing Co.

Stanich, J. (1995). Noetic and psychic dimensions in clinical practice and research. The International Forum for Logotherapy, 18(2), 97-101.

Starck, P. L. (1983). Patients' perception of the meaning of suffering. The International Forum for Logotherapy, 6, 110-116.

Starck, P. L. (1997). Round Table Discussion at the XIth World Congress on Logotherapy. Congress Notes. Dallas, Texas, July, 1997.

Stefanics, C. (1996). Experiences with logotherapy: Nursing the elderly. The International Forum for Logotherapy, 19(1), 34-38.

Sternig, P. J. (1984). Finding meaning in existential guilt. The International Forum for Logotherapy, 7(1), 46-49.

Takashima, H. (1990). Humanistic psychosomatic medicine. Berkeley, CA: The Institute of Logotherapy Press.

Turay, A. (1991). Istent kereso filozofusok. (Philosophers in Search of God). Budapest, Hungary: Peter Pazmany University Press.

Ungar, J., Hodgins, D., & Ungar, M. (1997). Purpose in life and alcoholic recovery; a correlational study. Paper Submitted for Publication in The International Forum for Logotherapy, Nov., 1997.

Ungar, M. (1997). A four-step model of logotherapy. The International Forum for Logotherapy, 20(2), 113-119.

Van Pelt, I. (1997). Round Table Discussion at the XIth World Congress on Logotherapy. Unpublished Congress Notes. Dallas, Texas, July, 1997.

Wadsworth, T. M. (1992). Logotherapy and 12-step programs in substance abuse. The International Forum for Logotherapy, 15, 13-21.

Welter, P. (1987). Counselling and The Search for Meaning. Waco, TX: Word Books.

Welter, P. (1994). The element of surprise in the logotherapeutic treatment of adolescents. The International Forum for Logotherapy, 17(1), 8-13.

Westermann, A. G. (1993). The logoanchor technique. The International Forum for Logotherapy, 16, 26-30.

Wong, P. T. P. (1997). Charting the course of meaning research. Paper presented at the Roundtable on Meaning Research in the Eleventh World Congress on Logotherapy, Dallas, Texas, June, 1997.

Yoder, J. (1994). Paradoxical intention: the case of Ron. The International Forum for Logotherapy, 17(2), 108-113.